

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088425

FILED  
Jul 07, 2011  
Secretary of State

**Entity Name:** HANLEY PAIN & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 26-0645281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANLEY, ALLISON W  
5979 VINELAND ROAD  
SUITE 209  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: HANLEY, ALLISON W  
Address: 5979 VINELAND ROAD SUITE 209  
City-St-Zip: ORLANDO, FL 32819 US

Title: D  
Name: HANLEY, ALLISON W  
Address: 5979 VINELAND ROAD SUITE 209  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON W HANLEY

D

07/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date