

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103143

FILED
Feb 17, 2011
Secretary of State

Entity Name: ROBINSON WORK REHABILITATION SERVICES CO.

Current Principal Place of Business:

101 CENTURY 21 DRIVE, SUITE 122
JACKSONVILLE, FL 32216

New Principal Place of Business:

7530 103RD STREET
SUITE 10
JACKSONVILLE, FL 32210

Current Mailing Address:

PO BOX 40050
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 26-1074765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, RICK H MR.
101 CENTURY 21 DRIVE, SUITE 122
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

ROBINSON, RICK H MR.
7530 103RD STREET
SUITE 10
JACKSONVILLE, FL 32210 US

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

02/17/2011

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: ROBINSON, RICK H MR.
Address: PO BOX 1132
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: ROBINSON, KIMBERLY A
Address: PO BOX 1132
City-St-Zip: MACCLENNY, FL 32063

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: KIMBERLY A ROBINSON

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date