2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

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Entity Name: REGENCY REHAB & CHIRO CLINIC INC

Current Principal Place of Business:

763 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

PO BOX 550908
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 26-2331855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, JUDITH C
2012 OVERLOOK DR
WINTER HAVEN, FL 33884 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: P
Name: MCKENZIE, JUDITH C
Address: 2012 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC
Name: MCKENZIE, JUDITH C
Address: 2012 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33884

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: JUDITH MCKENZIE MRS 02/10/2011

Electronic Signature of Signing Officer or Director Date