

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086148

FILED
Apr 29, 2012
Secretary of State

Entity Name: OLIVIER REHAB SERVICES INC

Current Principal Place of Business:

5372 SW CORAL TREE LANE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

5372 SW CORAL TREE LANE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 26-3390470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVIER, JOSEPH
5372 SW CORAL TREE LANE
PALM CITY, FL 34990 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: OLIVIER, JOSEPH
Address: 5372 SW CORAL TREE LANE
City-St-Zip: PALM CITY, FL 34990 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: JOSEPH OLIVIER

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date