

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005639

FILED
Mar 16, 2010
Secretary of State

Entity Name: HANDS ON THERAPY & REHABILITATION CENTER OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

91555 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US

New Principal Place of Business:

92410 OVERSEAS HIGHWAY
SUITE #6
TAVERNIER, FL 33070 US

Current Mailing Address:

91555 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US

New Mailing Address:

92410 OVERSEAS HIGHWAY
SUITE #6
TAVERNIER, FL 33070 US

FEI Number: 26-4091162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

FLORIDA INCORPORATION SERVICE
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: LAURA REGIER

03/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BAILIN, PHYLLIS
Address: 171 CORRINE PLACE
City-St-Zip: KEY LARGO, FL 33037 US

Title: SD
Name: KING, BRENDA
Address: MANGROVE MARINA 200 FLORIDA AVE.
City-St-Zip: TAVERNIER, FL 33070 US

Title: TD
Name: JONES, JAQUITA
Address: 303 ST. THOMAS AVE.
City-St-Zip: KEY LARGO, FL 33037 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: BRENDA KING

SD

03/16/2010

Electronic Signature of Signing Officer or Director

Date