

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005639

FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

92410 OVERSEAS HIGHWAY
SUITE #6
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

92410 OVERSEAS HIGHWAY
SUITE #6
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 26-4091162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA INCORPORATION SERVICE
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: PD
Name: BAILIN, PHYLLIS
Address: 171 CORRINE PLACE
City-St-Zip: KEY LARGO, FL 33037 US

Title: SD
Name: EWER, 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: BENDA EWER

SD

01/06/2011

Electronic Signature of Signing Officer or Director

Date