

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009709

FILED
May 08, 2012
Secretary of State

Entity Name: SOLUTION MEDICAL REHABILITATION, INC.

Current Principal Place of Business:

5101 N. ARMENIA AVE.
SUITE B
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

5101 N. ARMENIA AVE.
SUITE B
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 26-4158009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, ROY PETER DC
5101 N. ARMENIA AVE.
SUITE B
TAMPA, FL 33603 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: CARLSON, ROY PETER
Address: 5101 N. ARMENIA AVE., SUITE B
City-St-Zip: TAMPA, FL 33603 US

Title: MGR
Name: ALONSO, ISRAEL
Address: 5101 N. ARMENIA AVE., SUITE B
City-St-Zip: TAMPA, FL 33603 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: ROY P CARLSON

PD

05/08/2012

Electronic Signature of Signing Officer or Director

Date