

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000015534

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: PALM BAY REHAB CLINIC INC

## Current Principal Place of Business:

3115 W. COLUMBUS DRIVE  
109  
TAMPA, FL 33607 US

## New Principal Place of Business:

## Current Mailing Address:

3115 W. COLUMBUS DRIVE  
109  
TAMPA, FL 33607 US

## New Mailing Address:

FEI Number: 26-4278834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TIZIANI, CARRIE C  
3115 W. COLUMBUS DRIVE  
109  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

DAMASKA, CARRIE C  
3115 W. COLUMBUS DRIVE  
109  
TAMPA, FL 33607 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: CARRIE DAMASKA

02/09/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: TIZIANI, CARRIE C  
Address: 3115 W. COLUMBUS DRIVE STE#109  
City-St-Zip: TAMPA, FL 33607 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: CARRIE DAMASKA

MRS

02/09/2012

Electronic Signature of Signing Officer or Director

Date