

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016370

FILED
Jan 08, 2010
Secretary of State

Entity Name: BOCA TRAUMA AND REHAB, INC.

Current Principal Place of Business:

851 MEADOWS ROAD
213
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

851 MEADOWS ROAD
213
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 26-4336009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, BRUCE M
851 MEADOWS ROAD
213
BOCA RATON, FL 33486 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FISCHER, BRUCE M
Address: 851 MEADOWS ROAD, SUITE 213
City-St-Zip: BOCA RATON, FL 33486

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: BRUCE M FISCHER

DC

01/08/2010

Electronic Signature of Signing Officer or Director

Date