

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000027609

Entity Name: VR REHAB INC

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

896 W. MINNEOLA AVE., SUITE 57  
CLERMONT, FL 34711

**New Principal Place of Business:**

1730 EAST HIGHWAY 50  
SUITE 74  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 291621  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 90-0455974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUCKENBERGER, ELIZABETH  
896 W. MINNEOLA AVE., SUITE 57  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

GUCKENBERGER, ELIZABETH  
1730 EAST HIGHWAY 50  
SUITE 74  
CLERMONT, FL 34711 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: ELIZABETH GUCKENBERGER

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GUCKENBERGER, ELIZABETH  
Address: 1730 EAST HIGHWAY 50, SUITE 74  
City-St-Zip: CLERMONT, FL 34711

Title: VTD  
Name: CARTER, THERESA  
Address: 1730 EAST HIGHWAY 50, SUITE 74  
City-St-Zip: CLERMONT, FL 34711

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: THERESA CARTER

COO

03/30/2011

Electronic Signature of Signing Officer or Director

Date