

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040749

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** WEST COAST INJURY & REHABILITATION CENTERS, INC.

**Current Principal Place of Business:**

5624 8TH STREET WEST  
111  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

5624 8TH STREET WEST  
111  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**FEI Number:** 27-0147233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TORRES, CATALINA  
5624 8TH STREET WEST  
111  
LEHIGH ACRES, FL 33971 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: TORRES, CATALINA  
Address: 5624 8TH STREET WEST, SUITE 111  
City-St-Zip: LEHIGH ACRES, FL 33971

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:** CATALINA TORRES

P

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date