

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043721

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** CARING PHYSICAL REHABILITATION INC

**Current Principal Place of Business:**

12058 SAN JOSE BLVD  
SUITE 1004  
JACKSONVILLE, FL 322238667 US

**New Principal Place of Business:**

1140 SW BASCOM NORRIS DRIVE  
SUITE 106  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

12058 SAN JOSE BLVD  
SUITE 1004  
JACKSONVILLE, FL 322238667 US

**New Mailing Address:**

1140 SW BASCOM NORRIS DRIVE  
SUITE 106  
LAKE CITY, FL 32025 US

**FEI Number:** 27-0212093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BHANJI, WYLENE  
12058 SAN JOSE BLVD., SUITE 1004  
JACKSONVILLE, FL 322238667 US

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

BHANJI, WYLENE  
1140 SW BASCOM NORRIS DRIVE  
SUITE 106  
LAKE CITY, FL 32025 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:

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BHANJI, WYLENE  
Address: 1140 SW BASCOM NORRIS DRIVE, 106  
City-St-Zip: LAKE CITY, FL 32025 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: WYLENE BHANJI

PRES

01/25/2011

Electronic Signature of Signing Officer or Director

Date