2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2011
Secretary of State

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Entity Name: ASSOCIATES IN MEDICAL REHABILITATION P.A.

Current Principal Place of Business:

991 PONDELLA ROAD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

4085 HANCOCK BRIDGE PKWY.
111-297
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 61-1597075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHREIBER, PETER S D.O.
991 PONDELLA ROAD
NORTH FORT MYERS, FL 33903 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

OFFICERS AND DIRECTORS:

Title: P
Name: SCHREIBER, PETER S D.O.
Address: 4085 HANCOCK BRIDGE PKWY., STE. 111-297
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: O
Name: SCHREIBER, JEANNINE M
Address: 4085 HANCOCK BRIDGE PKWY, STE. 111-297
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JEANNINE SCHREIBER O 01/27/2011

Electronic Signature of Signing Officer or Director Date