

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000057038

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ACCELERATED THERAPY & REHABILITATION SOLUTIONS, INC.

**Current Principal Place of Business:**

6388 BRIDGEPORT LANE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

11241 HERON BAY BLVD #3524  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

6388 BRIDGEPORT LANE  
LAKE WORTH, FL 33463

**New Mailing Address:**

11241 HERON BAY BLVD #3524  
CORAL SPRINGS, FL 33076

**FEI Number:** 26-4724804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERINS, EDWARD J  
6388 BRIDGEPORT LANE  
LAKE WORTH, FL 33463 US

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

BERINS, EDWARD J  
11241 HERON BAY BLVD #3524  
CORAL SPRINGS, FL 33076 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:** EDWARD J BERINS

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BERINS, EDWARD J  
**Address:** 11241 HERON BAY BLVD #3524  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** EDWARD J BERINS

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date