2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2010
Secretary of State

DOCUMENT# P09000073702

Entity Name: INJURY REHABILITATION CARE, INC.

Current Principal Place of Business:

7829 N. DALE MABRY HWY
202
TAMPA, FL 33614 US

New Principal Place of Business:

7821 N. DALE MABRY HWY
106
TAMPA, FL 33614 US

Current Mailing Address:

7829 N. DALE MABRY HWY
202
TAMPA, FL 33614 US

New Mailing Address:

7821 N. DALE MABRY HWY
106
TAMPA, FL 33614 US

FEI Number: 27-0850459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LI, ROBERTO
7829 N. DALE MABRY HWY
202
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

LI, ROBERTO
7821 N. DALE MABRY HWY
106
TAMPA, FL 33614 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: ROBERTO LI 05/17/2010
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: LI, ROBERTO
Address: 7821 N. DALE MABRY HWY., SUITE 106
City-St-Zip: TAMPA, FL 33614 US

Title: D
Name: MENA, OSMANY
Address: 7821 N. DALE MABRY HWY., SUITE 106
City-St-Zip: TAMPA, FL 33614 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: ROBERTO LI PD 05/17/2010
Electronic Signature of Signing Officer or Director Date