

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000073702

FILED
May 01, 2011
Secretary of State

Entity Name: INJURY REHABILITATION CARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

05/01/2011

Electronic Signature of Signing Officer or Director

Date