2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# P09000073702

Entity Name: INJURY REHABILITATION CARE, INC.

Current Principal Place of Business:

7028 W WATERS AVE STE 221
TAMPA, FL 33634

New Principal Place of Business:

7028 W WATERS AVE
221
TAMPA, FL 33634

Current Mailing Address:

7028 W WATERS AVE STE 221
TAMPA, FL 33634

New Mailing Address:

7028 W WATERS AVE
221
TAMPA, FL 33634

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
7028 W WATERS AVE STE 221
TAMPA, FL 33634 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: 7028 W WATERS AVE STE 221
City-St-Zip: TAMPA, FL 33634

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 04/24/2012

Electronic Signature of Signing Officer or Director — Date