

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090945

FILED
Apr 14, 2011
Secretary of State

Entity Name: PHYSIOHEALTH AND REHAB, INC.

Current Principal Place of Business:

14028 5TH ST, STE C
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

14028 5TH ST, STE C
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 80-0503340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUINEZ, MARIA CLARISSA T
14028 5TH ST, STE C
DADE CITY, FL 33525 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: MARQUINEZ, MARIA CLARISSA T
Address: 14028 5TH ST, STE C
City-St-Zip: DADE CITY, FL 33525 US

Title: VP
Name: LEKANE, ISIDRA N
Address: 14028 5TH ST, STE C
City-St-Zip: DADE CITY, FL 33525 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: MARIA CLARISSA T. MARQUINEZ

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date