

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000098912

FILED
Feb 08, 2011
Secretary of State

Entity Name: XTREME CARE REHABILITATION CENTER INC

Current Principal Place of Business:

2002 DEL PRADO BLVD S
SUITE 100
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2002 DEL PRADO BLVD S
SUITE 100
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 27-1439757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, STEPHEN M
2002 DEL PRADO BLVD S
SUITE 100
CAPE CORAL, FL 33990 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: LOVELL, STEPHEN M
Address: 2002 DEL PRADO BLVD S, SUITE 100
City-St-Zip: CAPE CORAL, FL 33990

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: STEPHEN LOVELL

P

02/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date