

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000012955

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** LIBERTY GROUP REHAB SERVICES INC

**Current Principal Place of Business:**

2601 N. HIMES AVE  
STE C  
TAMPA, FL 33607

**New Principal Place of Business:**

7516 N GRADY AVE  
TAMPA, FL 33614

**Current Mailing Address:**

2601 N. HIMES AVE  
STE C  
TAMPA, FL 33607

**New Mailing Address:**

PO BOX 26132  
TAMPA, FL 33623

**FEI Number:** 27-1882955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, JOAQUIN  
2601 N. HIMES AVE  
STE C  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

MARTINEZ, JOAQUIN  
7516 N GRADY AVE  
TAMPA, FL 33623 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:** JOAQUIN M MARTINEZ

04/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARTINEZ, JOAQUIN  
**Address:** 7516 N GRADY AVE  
**City-St-Zip:** TAMPA, FL 33614

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:** JOAQUIN M MARTINEZ

P

04/21/2012

Electronic Signature of Signing Officer or Director

Date