2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2011
Secretary of State

DOCUMENT# P10000042475

Entity Name: ALLIED REHAB SOLUTIONS, INC.

Current Principal Place of Business:

5651 SW 2ND STREET
PLANTATION, FL 33317

New Principal Place of Business:

810 S STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

5651 SW 2ND STREET
PLANTATION, FL 33317

New Mailing Address:

810 S STATE ROAD 7
PLANTATION, FL 33317

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, JOSEPH R
5651 SW 2ND STREET
PLANTATION, FL 33317 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: PIERRE, JOSEPH R
Address: 5651 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33317

Title: VD
Name: CANION, PAULINE V
Address: 5651 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33317

Title: TD
Name: CANION, MATTHEW
Address: 5651 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33317

Title: SD
Name: WILLIAMS-PIERRE, SHALIZ
Address: 5651 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33317

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: DAWN RICE BKPR 03/05/2011
Electronic Signature of Signing Officer or Director Date