2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# P10000053626

Entity Name: INJURY REHABILITATION CENTER INC

Current Principal Place of Business:

672 N SEMORAN BLVD
STE 304
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

672 N SEMORAN BLVD
STE 304
ORLANDO, FL 32807

New Mailing Address:

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

Name and Address of Current Registered Agent:

VALLEJO, DAYLEANN M
550 HATTAWAY DR
APT 26
ALTAMONTE SPRINGS, FL 32701 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: VALLEJO, DAYLEANN M
Address: 550 HATTAWAY DR APT 26
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DAYLEAN VALLEJO P 04/16/2012

Electronic Signature of Signing Officer or Director — Date