2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# P10000065418

Entity Name: HEALING AND REHABILITATION CLINIC OF TAMPA, INC

Current Principal Place of Business:

78150 N. DALE MABRY HWY
202
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

78150 N. DALE MABRY HWY
202
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 27-3181236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TESTA, PHILIP J SR
4726B N. LOIS AVE.
TAMPA, FL 33614 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: D
Name: COUVE, JEROME C
Address: 19107 CHERRY ROSE CIRCLE
City-St-Zip: LUTZ, FL 33558 US

Title: D
Name: LOPEZ, JOSE
Address: 2532 W DIANA ST
City-St-Zip: TAMPA, FL 33614 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: JEROME C COUVE D 01/31/2012

Electronic Signature of Signing Officer or Director Date