

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000072304

FILED
May 01, 2012
Secretary of State

Entity Name: HEALTHY REHABILITATION CENTER, INC

Current Principal Place of Business:

7219 BENJAMIN RD
UNIT D
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

11522 WALKER RD
THONOTOSSASSA, FL 33592

New Mailing Address:

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

Name and Address of Current Registered Agent:

KRAMER, ELIZABETH
7219 BENJAMIN RD
UNIT D
TAMPA, FL 33634 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: KRAMER, ELIZABETH N
Address: 7219 BENJAMIN RD UNIT D
City-St-Zip: TAMPA, FL 33634

Title: P
Name: KRAMER, ELIZABHET
Address: 7219 BENJAMIN RD UNIT D
City-St-Zip: TAMPA, FL 33634

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Title: P
Name: KRAMER, ELIZABHET
Address: 7219 BENJAMIN RD UNIT D
City-St-Zip: TAMPA, FL 33634

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: ELIZABHET KRAMER

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date