

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082267

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** BRIDGE REHABILITATION THERAPIES, INC.

**Current Principal Place of Business:**

502 5TH AVE DR E  
BRADENTON, FL 34208

**New Principal Place of Business:**

714 MANATEE AVE EAST  
BRADENTON, FL 34208

**Current Mailing Address:**

714 MANATEE AVE EAST  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 27-3647019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER-AVOINE, EVADNEY  
714 MANATEE AVE EAST  
BRADENTON, FL 34208 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: WALKER-AVOINE, EVADNEY  
Address: 502 5TH AVE DR E  
City-St-Zip: BRADENTON, FL 34208

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: EVADNEY WALKER-AVOINE

P, D

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date