2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

DOCUMENT# P11000021290

Entity Name: OCALA PAIN & REHAB INC.

Current Principal Place of Business:

1007 S.W. 1ST AVE.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1007 S.W. 1ST AVE.
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 61-1642996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSSMAN, TODD
1670 ISLAND WAY
FORT LAUDERDALE, FL 33326 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: DP
Name: SUSSMAN, TODD
Address: 1670 ISLAND WAY
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: DVP
Name: SIMPSON, CHARLES
Address: 1007 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: DS
Name: FINE, TODD
Address: 1670 ISLAND WAY
City-St-Zip: FORT LAUDERDALE, FL 33326 US

Title: DT
Name: FINE, JAMIE
Address: 1670 ISLAND WAY
City-St-Zip: FORT LAUDERDALE, FL 33326 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: TODD SUSSMAN DP 03/05/2012

Electronic Signature of Signing Officer or Director Date