2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# P11000036500

Entity Name: XCENTRIC REHAB SOLUTIONS, INC.

Current Principal Place of Business:

5460 GALEWIND LANE
JACKSONVILLE, FL 32211-698 US

New Principal Place of Business:

4729 WADHAM LANE
JACKSONVILLE, FL 3210 US

Current Mailing Address:

5460 GALEWIND LANE
JACKSONVILLE, FL 32211-698 US

New Mailing Address:

4729 WADHAM LANE
JACKSONVILLE, FL 3210 US

FEI Number: 45-3182288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, JOHN M
1328 THIRD ST N
JACKSONVILLE BEACH, FL 32250 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: DRAPER, MICHAEL P
Address: 4729 WADHAM LANE
City-St-Zip: JACKSONVILLE, FL 32210 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: MICHAEL P DRAPER P 04/28/2012
Electronic Signature of Signing Officer or Director Date