

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000047200

FILED
Mar 07, 2012
Secretary of State

Entity Name: ALL INJURY & REHABILITATION CENTERS, INC.

Current Principal Place of Business:

1403 WEST COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1403 WEST COLONIAL DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 45-2316577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEHLER, THOMAS
1403 WEST COLONIAL DR
ORLANDO, FL 32804 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: JAMES, HARDWICK DR
Address: 1403 WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: T
Name: JAMES, HARDWICK DR
Address: 1403 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: JAMES, HARDWICK DR
Address: 1403 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

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: JAMES HARDWICK

P

03/07/2012

Electronic Signature of Signing Officer or Director

Date