2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2012
Secretary of State

DOCUMENT# P11000073934

Entity Name: CHIPOLA REHABILITATIVE SERVICES INC.

Current Principal Place of Business:

2419 FAIRVIEW RD
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2419 FAIRVIEW RD
MARIANNA, FL 32448

New Mailing Address:

PO BOX 901.
MARIANNA, FL 32447

FEI Number: 45-2926263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PDT
Name: MULDER, KRISTIE
Address: 2419 FAIRVIEW RD
City-St-Zip: MARIANNA, FL 32448

Title: VPS
Name: MULDER, MICHAEL
Address: 2419 FAIRVIEW RD
City-St-Zip: MARIANNA, FL 32448

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: KRISITE MULDER PRES 03/07/2012

Electronic Signature of Signing Officer or Director Date