2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2012
Secretary of State

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Entity Name: ATLANTIC REHABILITATION MEDICINE ASSOCIATES, PA

Current Principal Place of Business:

2501 NORTH ORANGE AVE.
SUITE 505, SOUTH TOWER
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

2 WILDERNESS DRIVE
MEDFORD, NJ 08055 US

New Mailing Address:

11649 DELWICK DR.
WINDERMERE,, FL 34786 US

FEI Number: 45-3037046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BHATT, AZAD V
2501 NORTH ORANGE AVE.
SUITE 505, SOUTH TOWER
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: BHATT, AZAD V MD
Address: 2501 NORTH ORANGE AVE.,SUITE 505, S.TOWER
City-St-Zip: ORLANDO, FL 32804 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: AZAD BHATT PRES 01/07/2012

Electronic Signature of Signing Officer or Director Date