

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000080014

**FILED**  
**Aug 05, 2012**  
**Secretary of State**

**Entity Name:** INDIAN REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3636 UNIVERSITY BLVD  
STE A-7  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3636 UNIVERSITY BLVD  
STE A-7  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 45-3668201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSHALL, VALERIE D  
8019 N. HIMES AVE  
SUITE# 300  
TAMPA, FL 33614 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: MARSHALL, VALERIE D  
Address: 8019 N. HIMES AVE, SUITE# 300  
City-St-Zip: TAMPA, FL 33614

Title: M  
Name: CARDENAS, YANDY  
Address: 8090 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

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: VALERIE MARSHALL

P

08/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date