

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025465

FILED
Mar 22, 2011
Secretary of State

Entity Name: FLORIDA HAND REHABILITATION, INC.

Current Principal Place of Business:

1000 45TH STREET
#4A
W PALM BEACH, FL 33407 US

Current Mailing Address:

1661 CORSICA DR.
WELLINGTON, FL 33414

New Principal Place of Business:

4700 NORTH CONGRESS AVE.
100
W PALM BEACH, FL 33407 US

New Mailing Address:

115 HAWTHORN DRIVE
JUPITER, FL 33458

FEI Number: 65-0401233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, PATRICIA
1661 CORSICA DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

DAVIS, PATRICIA
115 HAWTHORN DRIVE
JUPITER, FL 33458 US

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: PATRICIA DAVIS

03/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DAVIS, PATRICIA J F
Address: 4700 NORTH CONGRESS AVE. SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33407

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: PATRICIA DAVIS

PRES

03/22/2011

Electronic Signature of Signing Officer or Director

Date