

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028223

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** SELECT THERAPY AND REHABILITATION SERVICES, P.A.

**Current Principal Place of Business:**

8010 N UNIVERSITY DR  
1ST FLOOR  
TAMARAC, FL 33321

**New Principal Place of Business:**

7401 N. UNIVERSITY DRIVE  
SUITE 104  
TAMARAC, FL 33321

**Current Mailing Address:**

8010 N UNIVERSITY DR  
1ST FLOOR  
TAMARAC, FL 33321

**New Mailing Address:**

7401 N. UNIVERSITY DRIVE  
SUITE 104  
TAMARAC, FL 33321

**FEI Number:** 65-0657311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, JOSH N  
511 NE 3RD AVE.  
2ND FLOOR  
FORT LAUDERDALE, FL 33301 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: PSD  
Name: BUCHALTER, LEIGH  
Address: 9810 SW 2ND ST  
City-St-Zip: PLANTATION, FL 33324

Title: VTD  
Name: GOLD, DAVID  
Address: 641 NW 110TH AVE  
City-St-Zip: PLANTATION, FL 33324

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: LEIGH BUCHALTER

PSD

02/16/2012

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

\_\_\_\_\_  
Date