

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089742

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** FLAGLER INSTITUTE FOR REHABILITATION, INC.

**Current Principal Place of Business:**

311 GOLF ROAD  
SUITE 1000  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

311 GOLF ROAD  
SUITE 1000  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0703988      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOWERS, DAVID E  
505 S. FLAGLER DRIVE  
SUITE 1100  
W. PALM BEACH, FL 33401 US

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

KUNKEL, KEVIN R  
311 GOLF ROAD  
SUITE 1000  
W. PALM BEACH, FL 33407 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: KEVIN KUNKEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/10/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KUNKEL, KEVIN R  
Address: 311 GOLF ROAD, SUITE 1000  
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: KEVIN KUNKEL

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

PRES

02/10/2012

\_\_\_\_\_  
Date