

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103684

FILED
Jan 28, 2012
Secretary of State

Entity Name: ALLCARE REHABILITATION, INC.

Current Principal Place of Business:

1214 W REYNOLDS STREET
SUITE 1
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1214 W REYNOLDS STREET
SUITE 1
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-3419021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANFRE, DANIEL G
2808 BARRET AVE
PLANT CITY, FL 33566 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: MR
Name: MANFRE, DANIEL G
Address: 2808 BARRET AVE
City-St-Zip: PLANT CITY, FL 33567

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: DANIEL G MANFRE

MR

01/28/2012

Electronic Signature of Signing Officer or Director

Date