2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: ADVANCED REHABILITATION MEDICAL SERVICES, INC.

Current Principal Place of Business:

4265 LAURA STREET
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510816
4265 LAURA STREET
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 65-0848168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, KEITH M.D.
4265 LAURA STREET
PORT CHARLOTTE, FL 33980 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: PTD
Name: WILLIAMS, KEITH A
Address: 4265 LAURA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SVD
Name: WILLIAMS, JACQUELINE
Address: 4265 LAURA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

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: KEITH A. WILLIAMS PRES 03/04/2011

Electronic Signature of Signing Officer or Director Date