

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088365

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** ADVANCED DRIVER REHABILITATION, INC.

**Current Principal Place of Business:**

1031 IVES DAIRY RD,  
SUITE 228  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1031 IVES DAIRY RD,  
SUITE 228  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 65-0870200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMELBURG, JUDI S  
1031 IVES DAIRY RD,  
SUITE 228  
NORTH MIAMI BEACH, FL 33179 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: D  
Name: HAMELBURG, JUDI SUE  
Address: 1031 IVES DAIRY RD, SUITE 228  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T  
Name: HENLEY, CYNTHIA  
Address: 7655 SW 142 ST  
City-St-Zip: PALMETTO BAY, FL 33158 US

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: CYNTHIA HENLEY

T

01/11/2012

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

\_\_\_\_\_  
Date