2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# P99000083370

Entity Name: INDIAN RIVER REHABILITATION MEDICINE CLINIC. P.A.

Current Principal Place of Business:

631 17TH ST.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2922
VERO BEACH, FL 32961

New Mailing Address:

1500-B 14TH AVE
VERO BEACH, FL 32960

FEI Number: 16-1566997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORIAKU, IHEONU U
631 17TH ST.
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPV
Name: ORIAKU, IHEONU U
Address: 631 17TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: ST
Name: ORIAKU, MARISA E
Address: 631 17TH ST.
City-St-Zip: VERO BEACH, FL 32960

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: IHEONU ORIAKU DP 04/30/2010

Electronic Signature of Signing Officer or Director Date