

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04820

**FILED**  
**Jun 04, 2012**  
**Secretary of State**

**Entity Name:** OCALA REHABILITATION ASSOCIATES, P. A.

**Current Principal Place of Business:**

1536 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1536 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3103771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HARTSELL, KAREN E  
1536 E SILVER SPRINGS BLVD.  
OCALA, FL 34470 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: PVST  
Name: HARTSELL, KAREN E  
Address: 8495 SE 3RD CT  
City-St-Zip: OCALA, FL 34480

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: KAREN E HARTSELL, PT, DPT

PVST

06/04/2012

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

\_\_\_\_\_ Date