

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082267

Entity Name: BRIDGE REHABILITATION THERAPIES, INC.

Current Principal Place of Business:

714 MANATEE AVE EAST
SUITE C
BRADENTON, FL 34208

Current Mailing Address:

714 MANATEE AVE EAST
SUITE C
BRADENTON, FL 34208

FEI Number: 27-3647019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONALD, DEXTER NSR
714 MANATEE AVE EAST
SUITE C
BRADENTON, FL 34208 US

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

Officer/Director Detail :

Title PD
Name MCDONALD, DEXTER NSR
Address 714 MANATEE AVE EAST, SUITE C
City-State-Zip: BRADENTON FL 34208

Title MGR
Name MCDONALD, DEXTRINA P
Address 714 MANATEE AVE EAST, SUITE C
City-State-Zip: BRADENTON, FL 34208

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: DEXTER MCDONALD, NSR

PRESIDENT

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date