## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000010522

City-St-Zip: COOPER CITY, FL 33330

Entity Name: PHYSICAL REHABILITATION CENTERS, INC

FILED May 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	T OAKLAND F LL, FL 33313	PARK BLVD.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	T OAKLAND F LL, FL 33313	PARK BLVD.			
FEI Number: (	35-0976901	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	IS  21ST TERR.  ITY, FL 3333	0 US			
The above r in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD () ANAYA, LUIS 5159 S.W. 1218	Delete	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS ANAYA PD 05/12/2009