

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079897

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** A-PLUS MEDICAL AND REHAB CENTER, INC.

**Current Principal Place of Business:**

4699 N STATE ROAD 7  
B-1  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4699 N STATE ROAD 7  
B-1  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 16-1618653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELTRAN, STEPHEN  
4699 N STATE ROAD 7  
B-1  
TAMARAC, FL 33319 US

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

LOAIZA, MARTHA L  
4699 N STATE ROAD 7  
B-1  
TAMARAC, FL 33319 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: MARTHA L LOAIZA

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOAIZA, MARTHA L  
Address: 4699 N. STATE ROAD 7, STE B-1  
City-St-Zip: TAMARAC, FL 33319

Title: V  
Name: LOAIZA, PIEDAD  
Address: 4699 N. STATE ROAD 7, STE B-1  
City-St-Zip: TAMARAC, FL 33319

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: MARTHA L LOAIZA

P

02/22/2010

Electronic Signature of Signing Officer or Director

Date