

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079897

FILED
Jan 25, 2011
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:

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

01/25/2011

Electronic Signature of Signing Officer or Director

Date