

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023019

FILED
Jan 28, 2012
Secretary of State

Entity Name: REHAB SOLUTIONS OF MIAMI LAKES, INC.

Current Principal Place of Business:

5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-2280317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ROSEMARY
5840 NORTHWEST 194 TERRACE
MIAMI, FL 33015 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: PD
Name: FERNANDEZ, ROSEMARY
Address: 5840 NORTHWEST 194 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: STD
Name: SALAS, CRISTINA
Address: 5840 NORTHWEST 194 TERRACE
City-St-Zip: MIAMI, FL 33015

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: ROSEMARY FERNANDEZ

PD

01/28/2012

Electronic Signature of Signing Officer or Director

Date