

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000104211

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** ALL-STATE REHAB CENTER INC.

**Current Principal Place of Business:**

4800 WEST FLAGLER STREET  
212  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4800 WEST FLAGLER STREET  
214  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4800 WEST FLAGLER STREET  
212  
CORAL GABLES, FL 33134

**New Mailing Address:**

4800 WEST FLAGLER STREET  
214  
CORAL GABLES, FL 33134

**FEI Number:** 33-1121939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, AURELIO J  
4800 WEST FLAGLER STREET  
212  
CORAL GABLES, FL 33134 US

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

GARCIA, AURELIO J  
4800 WEST FLAGLER STREET  
214  
CORAL GABLES, FL 33134 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: AURELIO J GARCIA

08/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PEREZ, ESTRELLA  
Address: 4800 WEST FLAGLER STREET SUITE 214  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: LOPEZ, EFRAIN  
Address: 4800 W FLAGLER ST STE 214  
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC  
Name: GARCIA, AURELIO J  
Address: 4800 W FLAGLER ST SUITE 214  
City-St-Zip: CORAL GABLES, FL 33134

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: ESTRELLA PEREZ

PRES

08/21/2012

Electronic Signature of Signing Officer or Director

Date