

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035786

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** G & G REHAB CENTER CORP.

**Current Principal Place of Business:**

3900 NW 79 AVE, STE 332  
DORAL, FL 33166

**New Principal Place of Business:**

3900 NW 79 AVE,  
STE 332  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE, STE 332  
DORAL, FL 33166

**New Mailing Address:**

3900 NW 79 AVE,  
STE 332  
DORAL, FL 33166

**FEI Number:** 26-4722500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRERA, GUADALUPE  
3900 NW 79 AVE, STE 332  
DORAL, FL 33166 US

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

CABRERA, GUADALUPE  
3900 NW 79 AVE,  
STE 332  
DORAL, FL 33166 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AMADO, GERALD  
Address: 3900 NW 79 AVE, STE 332  
City-St-Zip: DORAL, FL 33166

Title: VP  
Name: CABRERA, GUADALUPE  
Address: 3900 NW 79 AVE, STE 332  
City-St-Zip: DORAL, FL 33166

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: GUADALUPE \_\_\_\_\_

Electronic Signature of Signing Officer or Director

VP

04/20/2011

Date