

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000094677

FILED
Feb 04, 2011
Secretary of State

Entity Name: PHYSICIAN REHAB CENTER, INC.

Current Principal Place of Business:

9600 SW 8TH STREET
STE: 15
MIAMI, FL 33174

New Principal Place of Business:

9600 SW 8TH STREET
STE: 16
MIAMI, FL 33174

Current Mailing Address:

9600 SW 8TH STREET
STE: 15
MIAMI, FL 33174

New Mailing Address:

9600 SW 8TH STREET
STE: 16
MIAMI, FL 33174

FEI Number: 27-3992446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ GONZALEZ, MANUEL
9600 SW 8TH STREET
STE: 15
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

FERNANDEZ GONZALEZ, MANUEL
9600 SW 8TH STREET
STE: 16
MIAMI, FL 33174 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

02/04/2011

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: FERNANDEZ GONZALEZ, MANUEL
Address: 9600 SW 8TH STREET STE: 16
City-St-Zip: MIAMI, FL 33174

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: MANUEL FERNANDEZ GONZALEZ

P/D

02/04/2011

Electronic Signature of Signing Officer or Director

Date