

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 08, 2011
Secretary of State**

DOCUMENT# P10000094677

Entity Name: PHYSICIAN REHAB CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5801 NW 151 STREET
STE: 106
MIAMI LAKES, FL 33014

Current Mailing Address:

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

New Mailing Address:

5801 NW 151 STREET
STE: 106
MIAMI LAKES, FL 33014

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: 16
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

LOPEZ, JORGE L
5801 NW 151 STREET
STE: 106
MIAMI LAKES, FL 33014 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: JORGE L. LOPEZ

03/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CATANO, JOHN
Address: 5801 NW 151 STREET, SUITE 106
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP/S
Name: LOPEZ, JORGE L
Address: 5801 NW 151 STREET, SUITE 106
City-St-Zip: MIAMI LAKES, FL 33014

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: JORGE L. LOPEZ

VP/S

03/08/2011

Electronic Signature of Signing Officer or Director

Date