

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000094677

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIAN REHAB CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-3992446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

FERNANDEZ, MARIA  
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: MARIA FERNANDEZ

Electronic Signature of Registered Agent

01/29/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: FERNANDEZ, MARIA  
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: MARIA FERNANDEZ

Electronic Signature of Signing Officer or Director

PS

01/29/2012

Date