

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079897

Entity Name: A-PLUS MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

4699 N STATE ROAD 7
B-1
TAMARAC, FL 33319

Current Mailing Address:

4699 N STATE ROAD 7
B-1
TAMARAC, FL 33319

FEI Number: 16-1618653

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOAIZA, MARTHA L
4699 N STATE ROAD 7
B-1
TAMARAC, FL 33319 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

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name LOAIZA, MARTHA L
Address 4699 N. STATE ROAD 7, STE B-1
City-State-Zip: TAMARAC FL 33319

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: MARTHA L. LOAIZA

PRESIDENT AND CEO

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date