

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000061811

**Entity Name:** QUALITY CARE REHAB GROUP INC.

**Current Principal Place of Business:**

5721 SW 165 CT  
MIAMI, FL 33193

**Current Mailing Address:**

5721 SW 165 CT  
MIAMI, FL 33193

**FEI Number:** 54-2149035

**Certificate of Status Desired:** No

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

MACHIN, PEDRO TJR  
5721 SW 165 CT  
MIAMI, FL 33193 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 PSTD  
Name MACHIN, PEDRO TJR  
Address 5721 SW 165 CT  
City-State-Zip: MIAMI FL 33193

*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:** PEDRO T MACHIN

PSTD

03/02/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date