

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000016707

**Entity Name:** FAMILY CARE REHAB GROUP CORP.

**Current Principal Place of Business:**

3663 SW 8 ST SUITE 214  
MIAMI, FL 33135

**Current Mailing Address:**

3663 SW 8 ST SUITE 214  
MIAMI, FL 33135

**FEI Number:** 80-0552625

**Certificate of Status Desired:** No

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

JIMENEZ, JANET  
3663 SW 8 ST SUITE 214  
MIAMI, FL 33135 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:** JANET JIMENEZ

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name JIMENEZ, JANET

Address 3663 SW 8 ST SUITE 214

City-State-Zip: MIAMI FL 33135

Title V

Name ALMAGUER, MANUEL F

Address 3663 SW 8 ST. SUITE 214

City-State-Zip: MIAMI FL 33135

*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:** JANET JIMENEZ

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date