

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030718

Entity Name: ALFONSO REHABILITATION CENTER INC

Current Principal Place of Business:

962 SW 82 AVE
MIAMI, FL 33144

Current Mailing Address:

962 SW 82 AVE
MIAMI, FL 33144

FEI Number: 80-0576159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALOM, ARIEL E
962 SW 82 AVE
MIAMI, FL 33144 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 PD
Name ALOM, ARIEL E
Address 962 SW 82 AVE
City-State-Zip: MIAMI FL 33144

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: ALOM , ARIEL , E

PRESIDENT

04/08/2013

Electronic Signature of Signing Officer/Director Detail

Date