2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2014
Secretary of State
CC3315762308

DOCUMENT# P10000050399

Entity Name: DMY REHAB CENTER INC

Current Principal Place of Business:

3550 W. WATERS AVE. SUITE 101
TAMPA, FL 33614

Current Mailing Address:

4631 N ROME AVE
TAMPA, FL 33603 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORES, DEIVYS
4631 N ROME AVE
TAMPA, FL 33603 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	P
Name	FLORES, DEIVYS
Address	4631 N ROME AVE
City-State-Zip:	TAMPA FL 33603

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: DEIVYS FLORES PRESIDENT 03/06/2014

Electronic Signature of Signing Officer/Director Detail — Date