

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101087

**Entity Name:** DANIA BEACH WEST MEDICINE AND REHAB, INC.

**Current Principal Place of Business:**

2962 TRIVIUM CIRCLE  
SUITE 106  
DANIA BEACH, FL 33312

**Current Mailing Address:**

3389 SHERIDAN STREET  
# 407  
HOLLYWOOD, FL 33021

**FEI Number:** 27-4310546

**Certificate of Status Desired:** No

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

WILLIAMSON, STANFORD  
3389 SHERIDAN STREET  
# 407  
HOLLYWOOD, FL 33021 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 CEO  
Name WILLIAMSON, STANFORD  
Address 3389 SHERIDAN STREET # 407  
City-State-Zip: HOLLYWOOD FL 33021

Title CFO  
Name SMITH, PAMELA  
Address 3389 SHERIDAN STREET #407  
City-State-Zip: HOLLYWOOD FL 33021

*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:** STANFORD WILLIAMSON

**CEO**

**02/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date