

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000011640

Entity Name: MS MEDICAL REHAB CORPORATION

Current Principal Place of Business:

4343 W FLAGLER STREET STE 501
CORAL GABLES, FL 33134

Current Mailing Address:

4343 W FLAGLER STREET STE 501
CORAL GABLES, FL 33134

FEI Number: 80-0895159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROVIRA, JACQUELINE
4343 W FLAGLER STREET
SUITE 501
CORAL GABLES, FL 33134 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 ROVIRA, JACQUELINE
Address 4343 W FLAGLER STREET, SUITE 501
City-State-Zip: CORAL GABLES FL 33134

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: JACQUELINE ROVIRA

PRESIDENT

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date