

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568579

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** EMERALD HILLS REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3850 SHERIDAN STREET  
HOLLYWOOD, FL 330213634

**New Principal Place of Business:**

**Current Mailing Address:**

3850 SHERIDAN STREET  
HOLLYWOOD, FL 330213634

**New Mailing Address:**

FEI Number: 59-1815845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPIRO, CHARLES M PRES.  
3850 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHAPIRO, CHARLES M P  
Address: 4405 TAYLOR STREET  
City-St-Zip: HOLLYWOOD, FL

Title: ST  
Name: SHAPIRO, ANNA B ST  
Address: 3811 THOMAS STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: SHAPIRO, KAREN S V  
Address: 4405 TAYLOR STREET  
City-St-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: KAREN S. SHAPIRO

VP

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date