

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000008883

Entity Name: BEST MEDICAL REHAB INC.

**FILED**  
**Jun 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6500 PINES BLVD.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

1990 SW 1 STREET  
SUITE 202  
MIAMI, FL 33135

**Current Mailing Address:**

6500 PINES BLVD.  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

1990 SW 1 STREET  
SUITE 202  
MIAMI, FL 33135

FEI Number: 01-0579386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, DIAMELYS T  
6500 PINES BLVD  
PEMBROKE PINES, FL 33024 US

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

GONZALEZ, DIAMELYS T  
1990 SW 1 STREET  
SUITE 202  
MIAMI, FL 33135 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

06/24/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: GONZALEZ, DIAMELYS T  
Address: 1990 SW 1 STREET SUITE 202  
City-St-Zip: MIAMI, FL 33135

Title: VP  
Name: GONZALEZ, DIAMELYS T  
Address: 1990 SW 1 STREET SUITE 202  
City-St-Zip: MIAMI, FL 33135

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: DIAMELYS GONZALEZ

PRES

06/24/2010

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

\_\_\_\_\_  
Date