2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009124

Entity Name: SOUTH FLORIDA REHABILITATION FACILITY, INC.

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1891 WEST FLAGLER STREET MIAMI, FL 33135 US

Current Mailing Address: New Mailing Address:

1891 WEST FLAGLER STREET MIAMI, FL 33135 US

FEI Number: 04-3597876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MIAMI HORIZON CORP. 1891 WEST FLAGLER STREET 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 Date

OFFICERS AND DIRECTORS:

Title: NFP

Name: MIAMI HORIZON CORP. Address: 1891 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33135 US

Title: CEO

Name: ECHEVARRIA, GUIDO

Address: 1891 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33135 US

Title: CMO

Name: ROMEU CLINICAL ENTERPRISES Address: 1393 SW 1 STREET, SUITE 320

City-St-Zip: MIAMI, FL 33135 US

Title: CFO

Name: GAZQUEZ, JESUS

Address: 1891 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33135 US

Title:

Name: SUAREZ, RAFAEL

Address: 1891 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33135 US

Title: S

Name: HARDY, LILIAN

Address: 1891 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33135 US

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: JESUS GAZQUEZ CFO 04/29/2011