

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034292

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** MARION OAKS REHAB, INC.

**Current Principal Place of Business:**

C/O MAHER BESHAY  
10916 S.E. TIMUCUAN RD.  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAHER BESHAY  
10916 S.E. TIMUCUAN RD.  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 01-0661336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BESHAY, MAHER  
10916 SE TIMUCUAN RD.  
SUMMERFIELD, FL 34491 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:** BESHAY, MAHER  
**Address:** 10916 SE TIMUCUAN RD.  
**City-St-Zip:** SUMMERFIELD, FL 34491

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:** MAHER BESHAY

PRES

03/20/2012

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

\_\_\_\_\_  
Date