2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2011
Secretary of State

DOCUMENT# P02000049235

Entity Name: THERAPY MEDICAL REHABILITATION CORP.

Current Principal Place of Business:

3750 W 16 AVE
STE 228U
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 W 16 AVE
STE 228U
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 80-0460489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAMORA, OLGA E
6951 SW 158 PASSAGE
MIAMI, FL 33193 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: VP
Name: ZAMORA, OLGA E
Address: 6951 SW 158 PASSAGE
City-St-Zip: MIAMI, FL 33193

Title: P
Name: CAPOTE, LUIS O
Address: 1120 SW 74 CT
City-St-Zip: MIAMI, FL 33144

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: LUIS O CAPOTE P 07/08/2011

Electronic Signature of Signing Officer or Director Date