2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P03000035225

Entity Name: INTERMED REHABILITATION CENTER INC.

Current Principal Place of Business:

5200 SW 8 ST. SUITE 206 B
CORAL GABLES, FL 331342337

New Principal Place of Business:

Current Mailing Address:

5200 SW 8 ST. SUITE 206 B
CORAL GABLES, FL 331342337

New Mailing Address:

FEI Number: 90-0063697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVILA, YANELY
5200 SW 8 STREET
STE 206B
CORAL GABLES, FL 33134 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: PSTD
Name: AVILA, YANELY
Address: 5200 S W 8TH ST STE 206 B
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: AVILA, YANELY
Address: 5200 S W 8TH ST STE 206 B
City-St-Zip: CORAL GABLES, FL 33134

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: YANELY AVILA PSTD 04/29/2011

Electronic Signature of Signing Officer or Director — Date