

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000088839

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** JERED HEALTH & REHAB SERVICES INC.

**Current Principal Place of Business:**

1411 N W 91 AVE APT 15-211  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

11250 N W 35TH STREET UNIT A  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

1411 N W 91 AVE APT 15-211  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

11250 N W 35TH STREET UNIT A  
CORAL SPRINGS, FL 33065

**FEI Number:** 20-0155184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, HEIDYS  
1411 N W 91 AVE APT 15-211  
CORAL SPRINGS, FL 33071 US

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

MARTINEZ, HEIDYS  
11250 N W 35TH STREET UNIT A  
CORAL SPRINGS, FL 33065 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:** HEIDY MARTINEZ

03/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** MARTINEZ, HEIDYS  
**Address:** 11250 N W 35TH STREET UNIT A  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** HEIDY MARTINEZ

PRS

03/30/2010

Electronic Signature of Signing Officer or Director

Date