

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108437

FILED
Jul 06, 2012
Secretary of State

Entity Name: SLEEP SPA REHAB CENTER, INC.

Current Principal Place of Business:

145 MADEIRA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

5891 WEST 9 LANE
HIALEAH, FL 33012

Current Mailing Address:

145 MADEIRA AVE
CORAL GABLES, FL 33134

New Mailing Address:

5891 WEST 9 LANE
HIALEAH, FL 33012

FEI Number: 56-2428779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, LUIS
145 MADEIRA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HADFEG, LILIANA
5891 WEST 9 LANE
HIALEAH, FL 33012 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: LILIANA HADFEG

07/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HADFEG, LILIANA
Address: 5891 WEST 9 LANE
City-St-Zip: HIALEAH, FL 33012

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: LILIANA HADFEG

PRES

07/06/2012

Electronic Signature of Signing Officer or Director

Date