

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000007131

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATES REHABILITATION SOUTH, INC.

**Current Principal Place of Business:**

5021 WEST 6TH AVENUE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5021 WEST 6TH AVENUE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-3776545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

YENNI, ALEMAN  
13238 SW 8TH STREET  
MIAMI, FL 33184 US

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

ROBERTO, CALCANO  
41 SE 5TH STREET #616  
MIAMI, FL 33131 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: ROBERTO CALCANO

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CALCANO, ROBERTO  
Address: 41 SE 5TH STREET #616  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: ALEMAN, JUAN  
Address: 1410 SW 143 PLACE  
City-St-Zip: MIAMI, FL 33184

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: ROBERTO CALCANO

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date