

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000046411

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** EAST COAST MEDICAL REHAB, INC.

**Current Principal Place of Business:**

8101 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7333 CORAL WAY  
108  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 42-1623930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERRER, JOHANNA A  
8101 CORAL WAY  
MIAMI, FL 33155 US

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

FERRER, JOHANNA A  
7333 CORAL WAY  
108  
MIAMI, FL 33155 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FERRER, JOHANNA A  
Address: 7333 CORAL WAY # 108  
City-St-Zip: MIAMI, FL 33155

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: JOHANNA A FERRER

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date