

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000071486

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** PACIFIC MEDICAL & REHABILITATION CENTER INC.

**Current Principal Place of Business:**

8328 SW 40TH STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8328 SW 40TH STREET  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 20-1070986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TABARES, MARLYS  
8328 SW 40TH STREET  
MIAMI, FL 33155 US

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

TABARES, MARLYS  
8933 S.W 25TH STREET  
MIAMI, FL 33165 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:** MARLYS TABARES

01/21/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TABARES, MARLYS  
**Address:** 8933 S.W. 25TH STRET  
**City-St-Zip:** MIAMI, FL 33165

**Title:** VP  
**Name:** CANCIO, MAYLEE  
**Address:** 3330 S.W. 65TH AVENUE  
**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:** MARLYS TABARES

PRE

01/21/2010

Electronic Signature of Signing Officer or Director

Date