

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087645

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: A.C. REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5847 W FLAGLER ST  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5847 W FLAGLER ST  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 42-1633361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATA, ALEXANDER  
965 S.W. 151 PLACE  
MIAMI, FL 33194 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MATA, ALEXANDER  
Address: 5847 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER MATA

AM

03/20/2009

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

\_\_\_\_\_  
Date