2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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Entity Name: REHABILITATION ALTERNATIVE THERAPY & SPA CENTER INC

Current Principal Place of Business:

2040 COLLIER AVE #A
FT MAYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2040 COLLIER AVE #A
FT MAYERS, FL 33901

New Mailing Address:

FEI Number: 42-1639860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, LUIS ALEXIS
8879 NW 169 TERR
MIAMI LAKES, FL 33018 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

OFFICERS AND DIRECTORS:

Title: P
Name: ALVAREZ, LUIS ALEXIS
Address: 8879 NW 169 TERR
City-St-Zip: MIAMI LAKES, FL 33018

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: LUIS A. ALVAREZ PD 04/04/2011
Electronic Signature of Signing Officer or Director Date