

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136334

Entity Name: OMEGA REHAB CENTER, INC.

FILED
Mar 26, 2012
Secretary of State

Current Principal Place of Business:

1717 N BAYSHORE DR # 1440
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1717 N BAYSHORE DR # 1440
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-1690224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, ROBER E
1717 N BAYSHORE DR # 1440
MIAMI, FL 33132 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: MUNOZ, ROBER E
Address: 1717 N BAYSHORE DR # 1440
City-St-Zip: MIAMI, FL 33132

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: ROBER E. MUNOZ

P

03/26/2012

Electronic Signature of Signing Officer or Director

Date