

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000154769

**FILED**  
**May 18, 2011**  
**Secretary of State**

**Entity Name:** T & R REHAB AND DIAGNOSTIC CENTER, INC.

**Current Principal Place of Business:**

3412 WEST 84 ST., UNIT 110  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3412 WEST 84 ST., UNIT 110  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 20-1884748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REVERON, RUTH  
10970 NW 7 STREET  
N/A  
CORAL SPRINGS, FL 330717955 US

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

REVERON, RUTH  
7241 BEDLINGTON ROAD  
N/A  
MIAMI LAKES, FL 33014 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: RUTH REVERON

Electronic Signature of Registered Agent

05/18/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: REVERON, RUTH  
Address: 7241 BEDLINGTON ROAD  
City-St-Zip: MIAMI LAKES, FL 33014

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: RUTH REVERON

Electronic Signature of Signing Officer or Director

PRES

05/18/2011

Date