2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2010
Secretary of State

DOCUMENT# P05000023833

Entity Name: BLUE REHAB CENTER CORP

Current Principal Place of Business:

7392 NW 35 TERR
206
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668257
MIAMI, FL 33166

New Mailing Address:

FEI Number: 75-3182431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARINA, OLGA L
7392 NW 35 TERRACE, SUITE 206
MIAMI, FL 33122 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: FARINA, OLGA
Address: 2101 NE 40 RD
City-St-Zip: HOMESTEAD, FL 33033

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: OLGA FARINA P 09/09/2010

Electronic Signature of Signing Officer or Director — Date