

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050416

Entity Name: T.M REHAB CENTER INC.

FILED
Apr 28, 2011
Secretary of State

Current Principal Place of Business:

5040 NW 7 ST
414
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5040 NW 7 ST.
414
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-2956902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, ROLANDO
13205 SW 137TH AVENUE
SUITE 132
MIAMI, FL 33186 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: CRUZ, ROLANDO
Address: 13205 SW 137TH AVENUE, SUITE 132
City-St-Zip: MIAMI, FL 33186

Title: S
Name: TAPIA, MARTA
Address: 13205 SW 137TH AVENUE, SUITE 132
City-St-Zip: MIAMI, FL 33186

Title: VP
Name: CRUZ, ROLANDO F
Address: 13205 SW 137TH AVENUE, SUITE 132
City-St-Zip: MIAMI, FL 33186

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: ROLANDO CRUZ

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date