

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058310

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** ALL MED REHAB SERVICES, INC.

**Current Principal Place of Business:**

42 NW 27 AVE.  
SUITE 307  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

9040 NW 32ND COURT ROAD  
MIAMI, FL 33147 US

**New Mailing Address:**

FEI Number: 20-2714294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELLO, MORAIMA  
9040 NW 32ND COURT ROAD  
MIAMI, FL 33147 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: BELLO, MORAIMA  
Address: 9040 NW 32ND COURT ROAD  
City-St-Zip: MIAMI, FL 33147

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: MORAIMA BELLO

P

01/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date