2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P05000068836

Entity Name: SUMMER REHABILITATION CENTER, INC

Current Principal Place of Business:

3750 WEST 16 AVE
SUITE # -218
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 WEST 16 AVE
SUITE # -218
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 27-0123171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMALFI, LAURA
6368 NW 173 ST
HIALEAH, FL 33015 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: AMALFI, LAURA
Address: 6601 SW 10 ST APT 5
City-St-Zip: MIAMI, FL 33144

Title: P
Name: AMALFI, LAURA
Address: 6368 NW 173 ST
City-St-Zip: HIALEAH, FL 33015

Title: P
Name: AMALFI, LAURA
Address: 1821 SW 140 PL
City-St-Zip: MIAMI, FL 33175

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: LAURA AMALFI P 02/23/2012

Electronic Signature of Signing Officer or Director Date