

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073939

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** PALMETTO WEST REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

6955 NW 77 AVE  
303  
MIAMI, FL 33166

**New Principal Place of Business:**

6955 NW 77 AVE  
303  
MIAMI, FL 33166 US

**Current Mailing Address:**

6955 NW 77 AVE  
303  
MIAMI, FL 33166

**New Mailing Address:**

6955 NW 77 AVE  
303  
MIAMI, FL 33166 US

**FEI Number:** 20-2923068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARKASS, RICARDO  
6955 NW 77 AVE  
303  
MIAMI, FL 33166 US

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

FARKASS, TOMAS  
6955 NW 77 AVE  
303  
MIAMI, FL 33166 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: TOMAS FARKASS

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FARKASS, TOMAS  
Address: 6955 NW 77 AVE STE 303  
City-St-Zip: MIAMI, FL 33166 US

Title: VPS  
Name: ECHEVERRIA, FERNANDO  
Address: 6955 NW 77 AVE STE 303  
City-St-Zip: MIAMI, FL 33166 US

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: TOMAS FARKASS

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date