

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082567

Entity Name: AMAL REHAB CARE,INC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10326 COUNCILS WAY  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10326 COUNCILS WAY  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 20-2991995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OSMAN, MOHAMED M  
10326 COUNCILS WAY  
TAMPA, FL 33617 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: FADALY, OLA  
Address: 10326 COUNCILS WAY  
City-St-Zip: TAMPA, FL 33617

Title: VP  
Name: OSMAN, MOHAMED  
Address: 10326 COUNCILS WAY  
City-St-Zip: TAMPA, FL 33617

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: MOHAMED M OSMAN

VP

01/05/2012

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

\_\_\_\_\_  
Date