

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088068

**Entity Name:** DADE COUNTY REHAB INC

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7500 N.W. 25TH ST., STE 112  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

7500 N.W. 25TH ST., STE 112  
MIAMI, FL 33122

**New Mailing Address:**

2044 NW 27 ST  
MIAMI, FL 33142

**FEI Number:** 20-3025352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURCIA, LUZ M  
7500 NW 25 ST  
SUITE 112  
MIAMI, FL 33122 US

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

MURCIA, LUZ M  
2044 NW 27 ST  
MIAMI, FL 33142 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:** LUZ MARY MURCIA

05/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** MURCIA, LUZ M  
**Address:** 7500 N.W. 25TH ST., STE 112  
**City-St-Zip:** MIAMI, FL 33122

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:** LUZ MARY MURCIA

PST

05/16/2012

Electronic Signature of Signing Officer or Director

Date