2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P05000096866

Entity Name: DR B OUTPATIENT REHABILITATION INC

Current Principal Place of Business:

1131 NW 22 AVE #31
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1131 NW 22 AVE #31
MIAMI, FL 33125

New Mailing Address:

FEI Number: 54-2177105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ, TAMARA
1131 NW 22 AVE #31
MIAMI, FL 33125 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: PSD
Name: SUAREZ, TAMARA
Address: 1131 NW 22 AVE #31
City-St-Zip: MIAMI, FL 33125

Title: VPD
Name: SUAREZ, TAMARA
Address: 1131 NW 22 AVE #31
City-St-Zip: MIAMI, FL 33125

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: TAMARA SUAREZ PSD 04/28/2011

Electronic Signature of Signing Officer or Director Date