

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000122623

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** GRAND MEDICAL REHAB CENTER, INC.

**Current Principal Place of Business:**

4182 W 12 AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4182 W 12 AVE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-3443287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, NIVALDO J  
4182 W 12 AVE  
HIALEAH, FL 33012 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:** HERNANDEZ, NIVALDO J  
**Address:** 2775 W OKEECHOBEE RD LOT 104  
**City-St-Zip:** HIALEAH, FL 33010

**Title:** VP  
**Name:** FROMETA- RODRIGUEZ, NELLY VP  
**Address:** 8501 NW 8 STREET APT0.309  
**City-St-Zip:** MIAMI, FL 33126

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:** NELLY FROMETA RODRIGUEZ

VP

03/03/2010

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

\_\_\_\_\_  
Date