

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000155058

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** BEST FLORIDA REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3621 S.W. 107TH AVE  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 563031  
MIAMI, FL 33256 US

**New Mailing Address:**

**FEI Number:** 02-0761328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, GEORGE S  
1414 NW 107 AVE  
203  
MIAMI, FL 33172 US

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

LEVY, GEORGE S  
3621 SW 107 AVE  
MIAMI, FL 33165 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:** GEORGE LEVY

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** LEVY, GEORGE S  
**Address:** 1414 NW 107 AVE  
**City-St-Zip:** MIAMI, FL 33172 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:** GEORGE LEVY

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date