2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# P05000156330

Entity Name: DORAL MEDICAL REHAB CENTER INC.

Current Principal Place of Business:

3900 NW 79 AVE
210
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79 AVE
210
DORAL, FL 33166

New Mailing Address:

FEI Number: 83-0446336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAZ, ESPERANZA
3900 NW 79 AVE
210
DORAL, FL 33166 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: PRES
Name: PAZ, ESPERANZA
Address: 3900 NW 79 AVE STE-210
City-St-Zip: DORAL, FL 33166

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: ESPERANZA PAZ PRES 02/27/2012

Electronic Signature of Signing Officer or Director — Date