

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000518

FILED
Apr 10, 2012
Secretary of State

Entity Name: FLEX REHAB & FITNESS INC.

Current Principal Place of Business:

5050 BISCAYNE BLVD., SUITE 105
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

810 N E 74TH STREET
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 20-4182906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER RICE, ROBYN
810 N E 74TH STREET
MIAMI, FL 33138 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: DIR
Name: PORTER RICE, ROBYN
Address: 810 N E 74TH STREET
City-St-Zip: MIAMI, FL 33138 US

Title: P
Name: PORTER RICE, ROBYN
Address: 810 N E 74TH STREET
City-St-Zip: MIAMI, FL 33138 US

Title: DIR
Name: RICE, NOAH
Address: 810 N E 74TH STREET
City-St-Zip: MIAMI, FL 33138 US

Title: VP
Name: RICE, NOAH
Address: 810 N E 74TH STREET
City-St-Zip: MIAMI, FL 33138 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: NOAH RICE

DIR

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date