

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005638

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** REHABILITATIVE TREATMENT FACILITY, INC.

**Current Principal Place of Business:**

942 SW 82 AVE  
MIAMI, FL 33144

**New Principal Place of Business:**

958 SW 82 AVE  
MIAMI, FL 33144

**Current Mailing Address:**

942 SW 82 AVE  
MIAMI, FL 33144

**New Mailing Address:**

958 SW 82 AVE  
MIAMI, FL 33144

**FEI Number:** 81-0680578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, MARILYS  
942 SW 82 AVE  
MIAMI, FL 33144 US

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

SANCHEZ, MARILYS  
958 SW 82 AVE  
MIAMI, FL 33144 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:

04/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SANCHEZ, MARILYS  
Address: 958 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

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: MARILYS SANCHEZ

PRES

04/29/2011

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

\_\_\_\_\_  
Date