

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000009414

Entity Name: Z REHAB SERVICES, INC.

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16370 SW 67 TERRACE  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

16370 SW 67 TERRACE  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 20-4175940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ZORAYA  
16370 SW 67 TERRACE  
MIAMI, FL 33193 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: CEO  
Name: GONZALEZ, ZORAYA  
Address: 16370 SW 67 TERRACE  
City-St-Zip: MIAMI, FL 33193

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: ZORAYA GONZALEZ

CEO

04/17/2012

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

\_\_\_\_\_  
Date