

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014797

FILED
Jan 27, 2011
Secretary of State

Entity Name: LATIN DIAGNOSTIC REHABILITATION CENTER INC

Current Principal Place of Business:

603 SOUTH DEL PRADO BLVD .
A
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

603 SOUTH DEL PRADO BLVD .
A
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-4227288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSADO, LILIAM
210 NE 9TH PL
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

ROSADO, LILIAM
2235 NE 5 TERRACE
CAPE CORAL, FL 33909 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: ROSADO LILIAM

01/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOVELL, STEPHEN M
Address: 4527 CORONADO PKWY.
City-St-Zip: CAPE CORAL, FL 33904

Title: V
Name: ROSADO, LILIAM
Address: 2235 NE 5 TERRACE
City-St-Zip: CAPE CORAL, FL 33909

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: LOVELL STEPHEN M

PD

01/27/2011

Electronic Signature of Signing Officer or Director

Date