# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 23, 2009**
**Secretary of State**

DOCUMENT# P06000132935

**Entity Name:** SANTOS REHABILITATION CENTER INC.

**Current Principal Place of Business:**

8900 CORAL WAY
207
MIAMI, FL 33155

**New Principal Place of Business:**

13780SW 26 ST
205
MIAMI, FL 33175

**Current Mailing Address:**

8900 CORAL WAY
207
MIAMI, FL 33155

**New Mailing Address:**

13780SW 26 ST
205
MIAMI, FL 33175

**FEI Number: 20-5745066** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SANTO, ORQUIDEA
1484 SW 146 CT
MIAMI, FL 33184 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: PD ( ) Delete
Name: SANTO, ORQUIDEA
Address: 1484SW 146 CT
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ORQUIDEA SANTOS OWNE 09/23/2009

Electronic Signature of Signing Officer or Director Date