

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021199

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL THERAPY & REHABILITATION SPECIALIST, INC.

**Current Principal Place of Business:**

12351 SW 35 ST  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

12351 SW 35 ST  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 80-0154222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINO, PEDRO  
12351 SW 35 ST  
MIAMI, FL 33175 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: P  
Name: PINO, PEDRO  
Address: 12351 SW 35 ST  
City-St-Zip: MIAMI, FL 33175

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: PEDRO PINO

PTA

04/12/2012

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

\_\_\_\_\_  
Date