

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000028387

Entity Name: BRINGUEZ REHAB, INC.

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2024 ALTA MEADOWS LANE  
#806  
DELRAY BEACH, FL 33444

## **New Principal Place of Business:**

910 NW 39TH AVENUE  
DELRAY BEACH, FL 33445

## **Current Mailing Address:**

2024 ALTA MEADOWS LANE  
#806  
DELRAY BEACH, FL 33444

## **New Mailing Address:**

910 NW 39TH AVENUE  
DELRAY BEACH, FL 33445

FEI Number: 26-2303106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRINGUEZ, JENNIFER  
2024 ALTA MEADOWS LANE  
#806  
DELRAY BEACH, FL 33444 US

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

ZENO, JENNIFER B  
910 NW 39TH AVENUE  
DELRAY BEACH, FL 33445 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: JENNIFER B. ZENO

04/13/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DPST  
Name: ZENO, JENNIFER B  
Address: 910 NW 39TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

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: JENNIFER B. ZENO

DPST

04/13/2012

Electronic Signature of Signing Officer or Director

Date