

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048236

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

**Entity Name:** ORLANDO MEDICAL & REHAB CENTER INC.

**Current Principal Place of Business:**

1277 NORTH SEMORAN BLVD.  
STE 101  
ORLANDO, FL 32807

**New Principal Place of Business:**

6800 N DALE MABRY HWY  
STE 198  
TAMPA, FL 33614

**Current Mailing Address:**

1277 NORTH SEMORAN BLVD.  
STE 101  
ORLANDO, FL 32807

**New Mailing Address:**

6800 N DALE MABRY HWY  
STE 198  
TAMPA, FL 33614

FEI Number: 26-2602215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMARO, YUSDANIA  
1277 N.SEMORAN BLVD.  
SUITE 101  
ORLANDO, FL 32807 US

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

AMARO, YUSDANIA  
6800 N DALE MABRY HWY  
SUITE198  
TAMPA, FL 33614 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

09/12/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AMARO, YUSDANIA  
Address: 6800 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

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: YUSDANIA AMARO

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

P

09/12/2012

\_\_\_\_\_  
Date