

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083737

FILED
Apr 04, 2009
Secretary of State

Entity Name: TORRES REHAB & THERAPY SERVICES, INC.

Current Principal Place of Business:

15221 S.W. 50TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

15221 SW 50TH STREET
MIRAMAR, FL 33027

Current Mailing Address:

15221 S.W. 50TH STREET
MIRAMAR, FL 33027

New Mailing Address:

15221 SW 50TH STREET
MIRAMAR, FL 33027

FEI Number: 26-3365714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBAREDA, ADELAIDA ESQ.
330 S.W. 27TH AVENUE, SUITE 202
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

TORRES, HECTOR J
15221 SW 50TH STREET
MIRAMAR, FL 33027 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: HECTOR J TORRES

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: TORRES, HECTOR J
Address: 15221 S.W. 50TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: DV () Delete
Name: TORRES, MARIANA
Address: 15221 S.W. 50TH STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TORRES, HECTOR J
Address: 15221 SW 50TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: DVT (X) Change () Addition
Name: TORRES, MARIANA
Address: 15221 SW 50TH STREET
City-St-Zip: MIRAMAR, FL 33027

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: HECTOR J TORRES

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04/04/2009

Electronic Signature of Signing Officer or Director

Date