

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083737

FILED
Mar 10, 2011
Secretary of State

Entity Name: TORRES REHAB & THERAPY SERVICES, INC.

Current Principal Place of Business:

15221 SW 50TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

15221 SW 50TH STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 26-3365714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, HECTOR J
15221 SW 50TH STREET
MIRAMAR, FL 33027 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: DPS
Name: TORRES, HECTOR J
Address: 15221 SW 50TH STREET
City-St-Zip: MIRAMAR, FL 33027

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

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: HECTOR TORRES

P

03/10/2011

Electronic Signature of Signing Officer or Director

Date