

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2011
Secretary of State

Entity Name: LIBERTY REHABILITATION CENTER INC

Current Principal Place of Business:

3900 N.W 79 AVENUE
SUITE 500
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 N.W 79 AVENUE
SUITE 500
DORAL, FL 33166

New Mailing Address:

FEI Number: 26-3330148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, CURTIS E DR.
3900 N.W 79 AVENUE
SUITE 500
DORAL, FL 33166 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/S
Name: GARNER, CURTIS E DR.
Address: 3900 N.W 79 AVENUE SUITE 500
City-St-Zip: DORAL, FL 33166

Title: VP
Name: ALONSO, ADOLFO
Address: 13281 SW 216 TER
City-St-Zip: MIAMI, FL 33170

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: GARNER CURTIS E

P/S

04/06/2011

Electronic Signature of Signing Officer or Director

Date