

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089744

FILED
Mar 08, 2011
Secretary of State

Entity Name: WEST PALM REHAB & MEDICAL CENTER INC

Current Principal Place of Business:

6300 SOUTH DIXIE HWY
STE 205
WEST PALM BEACH, FL 33465

New Principal Place of Business:

Current Mailing Address:

6300 SOUTH DIXIE HWY
STE 205
WEST PALM BEACH, FL 33465

New Mailing Address:

FEI Number: 26-3472496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAFFETONE, PETER
3031 LAKEVIEW BLVD
DELRAY BEACH, FL 33445 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
Name: MAFFETONE, PETER
Address: 30311 LAKEVIEW BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: CHAVEZ, DANIEL
Address: 2917 SW 21 STREET
City-St-Zip: MIAMI, FL 33145

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: DANIEL CHAVEZ

D

03/08/2011

Electronic Signature of Signing Officer or Director

Date