

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089744

**FILED**  
**Mar 26, 2012**  
**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: MGR  
Name: ALEMAN, RAUL  
Address: 2206 PARK ST  
City-St-Zip: LAKE WORTH, FL 33460

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: PETER MAFFETONE

P

03/26/2012

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

\_\_\_\_\_  
Date