

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000100460

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** J.S. REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

8320 SW 62 COURT  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

8320 SW 62 COURT  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 26-3698526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMIT, JANETH M  
8320 SW 62 COURT  
MIAMI, FL 33143 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,D  
Name: SMIT, JANETH M  
Address: 8320 SW 62 COURT  
City-St-Zip: MIAMI, FL 33143 US

Title: VP,D  
Name: SMIT, JOHN  
Address: 8320 SW 62 COURT  
City-St-Zip: MIAMI, FL 33143 US

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: JANETH SMIT

PD

04/11/2012

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

\_\_\_\_\_  
Date