

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 20, 2010  
Secretary of State**

DOCUMENT# P09000020922

**Entity Name:** EAN REHABILITATION CENTER INC.

**Current Principal Place of Business:**

4742 WEST FLAGLER ST.  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4742 WEST FLAGLER ST.  
MIAMI, FL 33134

**New Mailing Address:**

P.O BOX 348536  
MIAMI, FL 33234

**FEI Number:** 90-0450244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANOS, JAVIER ESQ.  
3126 CORAL WAY  
MIAMI, FL 33145 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: PRES  
Name: COELLO, PATRICIA  
Address: P.O.BOX 348536  
City-St-Zip: MIAMI FLORIDA, FL 33234

Title: ADMI  
Name: CUEVAS, MONICA  
Address: 4742 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33134

Title: SECR  
Name: CUEVAS, MONICA  
Address: 4742 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33134

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: PATRICIA COELLO

PRES

12/20/2010

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

\_\_\_\_\_  
Date