

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000020922

FILED
Apr 28, 2012
Secretary of State

Entity Name: EAN REHABILITATION CENTER INC.

Current Principal Place of Business:

5200 SW 8 ST
SUITE #150
MIAMI, FL 33134

New Principal Place of Business:

3267 SW 25 ST
MIAMI, FL 33133

Current Mailing Address:

P.O BOX 348536
MIAMI, FL 33234

New Mailing Address:

FEI Number: 90-0450244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, MONICA
5200 SW 8 ST SUIT E# 150
MIAMI, FL 33134 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: CUEVAS, MONICA
Address: P.O.BOX 348536
City-St-Zip: MIAMI FLORIDA, FL 33234

Title: ADMI
Name: CUEVAS, MONICA
Address: 5200 SW 8 ST #150
City-St-Zip: MIAMI, FL 33134

Title: SECR
Name: CUEVAS, MONICA
Address: 5200 SW 8 ST #150
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: MONICA CUEVAS

PRES

04/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date