

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022192

FILED
Mar 12, 2010
Secretary of State

Entity Name: FREEDOM REHAB CENTER INC.

Current Principal Place of Business:

AM GROUP 36, LLC
6595 NW 36 ST, SUITE 111
VIRGINIA GARDENS, FL 33166 US

New Principal Place of Business:

6595 NW 36 ST
SUITE 111
VIRGINIA GARDENS, FL 33166 US

Current Mailing Address:

AM GROUP 36, LLC
6595 NW 36 ST, SUITE 111
VIRGINIA GARDENS, FL 33166 US

New Mailing Address:

6595 NW 36 ST
SUITE 111
VIRGINIA GARDENS, FL 33166 US

FEI Number: 26-4409187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, DAGOBERTO
6595 NW 36 ST STE 111
VIRGINIA GARDENS, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: DOMINGUEZ, DAGOBERTO
Address: 6595 NW 36 STREET, STE 111
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VP
Name: LOPEZ, MADAY Z
Address: 6595 NW 36TH ST, STE 111
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: DAGOBERTO DOMINGUEZ

PRES

03/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date