

# 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