2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

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Entity Name: M & M REHAB CARE CENTER, INC

Current Principal Place of Business:

923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-4526234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINI, MARIA T
923 DEL PRADO BLVD
SUITE 106
CAPE CORAL, FL 33990 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: VP
Name: MARTINI, MARIA T
Address: 923 DEL PRADO BLVD SUITE 106
City-St-Zip: CAPE CORAL, FL 33990

Title: P
Name: HALL, WILLIAM A
Address: 1089 W GRANADA BLVD SUITE 3
City-St-Zip: ORMOND BEACH, FL 32174

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: WILLIAM A. HALL P 03/26/2012

Electronic Signature of Signing Officer or Director Date