

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040276

Entity Name: IN HOME REHAB CORP

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2539 S BAYSHORE DR  
325  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2539 S BAYSHORE DR  
325  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 27-0216483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORDONEZ, OSCAR  
2539 S. BAYSHORE DR  
325  
MIAMI, FL 33133 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: P  
Name: ORDONEZ, OSCAR  
Address: 2539 S BAYSHORE DR, SUITE 325  
City-St-Zip: MIAMI, FL 33133

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: OSCAR E. ORDONEZ

PRES

03/30/2011

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

\_\_\_\_\_  
Date