

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047759

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** DAMEDA REHABILITATION CENTER, CORP.

**Current Principal Place of Business:**

5040 NW 7TH ST STE 710  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5040 NW 7TH ST STE 710  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 27-0322391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, MICDREY  
770 SE 6 PLACE  
HIALEAH, FL 33010 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:** PEREZ, MICDREY  
**Address:** 770 SE 6 PLACE  
**City-St-Zip:** HIALEAH, FL 33010

**Title:** VP  
**Name:** RIVAS, MARIA C  
**Address:** 5040 NW 7TH ST STE 710  
**City-St-Zip:** MIAMI, FL 33126

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:** MICDREY PEREZ

PTE

03/11/2010

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

\_\_\_\_\_  
Date