

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000053239

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** QUALITY REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

10200 NW 25 STREET  
SUITE 203  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10200 NW 25 STREET  
SUITE 203  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 27-0435388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, MIGUEL A  
10200 NW 25 STREET  
SUITE 203  
DORAL, FL 33172 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: PSTD  
Name: PEREZ, MIGUEL A  
Address: 10200 NW 25 STREET #203  
City-St-Zip: DORAL, FL 33172

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: MIGUEL A. PEREZ

PS

01/31/2012

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

\_\_\_\_\_ Date