2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# P09000081126

Entity Name: FLORIDA CITY REHAB & MEDICAL CENTER, INC

Current Principal Place of Business:

103 EAST LUCY STREET
SUITE 123
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

13216 SW 108 STREET CIR
MIAMI, FL 33186

New Mailing Address:

103 EAST LUCY STREET
SUITE 123
FLORIDA CITY, FL 33034

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRENO, TERESITA
13216 SW 108 STREET CIR
MIAMI, FL 33186 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: CARRENO, TERESA
Address: 13216 SW 108 STREET CIR
City-St-Zip: MIAMI, FL 33186

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: TERESITA CARRENO OWNE 03/01/2011

Electronic Signature of Signing Officer or Director — Date