

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094484

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ST. JUDE REHABILITATION CENTER, INC

**Current Principal Place of Business:**

3901 NW 79 AVE  
SUITE 102  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 NW 79 AVE  
SUITE 102  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 27-1326863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLINA GONZALEZ, NADIHEYA P  
3901 NW 79TH AVENUE  
SUITE 102  
MIAMI, FL 33166 US

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

MOLINA GONZALEZ, NADIHEYA  
3901 NW 79TH AVENUE  
SUITE 102  
MIAMI, FL 33166 US

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: NADIHEYA

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: MOLINA GONZALEZ, NADIHEYA  
Address: 3901 NW 79TH AVENUE STE 102  
City-St-Zip: DORAL, FL 33166

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: NADIHEYA

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date