2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# P09000101990

Entity Name: MED REHAB OF FLORIDA, INC.

Current Principal Place of Business:

16041 SW 110 ST.
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16041 SW 110 ST.
MIAMI, FL 33196

New Mailing Address:

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

Name and Address of Current Registered Agent:

CRUZ, LORAIMIS
16041 SW 110 ST.
MIAMI, FL 33196 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: CRUZ, LORAIMIS
Address: 16041 SW 110TH ST
City-St-Zip: MIAMI, FL 33196 US

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: LORAIMIS CRUZ PSD 04/28/2010
Electronic Signature of Signing Officer or Director Date