

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000008573

FILED
Apr 28, 2011
Secretary of State

Entity Name: COMPREHENSIVE REHABILITATION MEDICAL SERVICES, INC

Current Principal Place of Business:

18174 NW 62 CT
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

18174 NW 62 CT
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 27-1820680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCHA, ODETTE
18174 NW 62 CT
HIALEAH, FL 33015 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: BARCHA, ODETTE
Address: 18174 NW 62 CT
City-St-Zip: HIALEAH, FL 33015

Title: VP
Name: HERNANDEZ, ANTONIO
Address: 18127 NW 66TH CT.
City-St-Zip: HIALEAH, FL 33015

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: ODETTE BARCHA

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date