

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009882

FILED
May 01, 2011
Secretary of State

Entity Name: SMILE PHYSICAL REHAB INC.

Current Principal Place of Business:

8180 NW 36TH ST STE 418
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8180 NW 36TH ST STE 418
MIAMI, FL 33166

New Mailing Address:

FEI Number: 80-0539884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORCELL, YURAIMI R
121 E 43RD STREET
HIALEAH, FL 33013 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: ROSA, NELSON
Address: 11491 NW 2 STREET APT 103
City-St-Zip: MIAMI, 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: PORCELL YURAIMI R

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date