

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010116

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** DADE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

317 SW 96 COURT  
MIAMI, FL 33174

**New Principal Place of Business:**

1140 W 50TH ST.  
407  
HIALEAH, FL 33012

**Current Mailing Address:**

317 SW 96 COURT  
MIAMI, FL 33174

**New Mailing Address:**

PO BOX 126550  
HIALEAH, FL 33012

**FEI Number:** 37-1603821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, NORLAN A  
317 SW 96 COURT  
MIAMI, FL 33174 US

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

TORRES, NORLAN A  
1140 W 50TH ST  
407  
HIALEAH, FL 33012 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: NORLAN TORRES

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TORRES, NORLAN A  
Address: 1140 W 50TH ST #407  
City-St-Zip: HIALEAH, FL 33012

Title: VD  
Name: CARMONA, LAZARO A  
Address: 1140 W 50TH ST #407  
City-St-Zip: HIALEAH, FL 33012

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: NORLAN TORRES

PD

02/25/2011

Electronic Signature of Signing Officer or Director

Date