

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000011420

Entity Name: D & D REHAB CENTER, INC.

FILED  
Jun 30, 2011  
Secretary of State

**Current Principal Place of Business:**

3412 W 84TH ST UNIT 102  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3412 W 84TH ST UNIT 102  
HIALEAH, FL 33018

**New Mailing Address:**

FEI Number: 27-1913437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YANCE, LUIS  
3412 W 84TH ST UNIT 102  
HIALEAH, FL 33018 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: DP  
Name: YANCE, LUIS  
Address: 3412 W 84TH ST UNIT 102  
City-St-Zip: HIALEAH, FL 33018

Title: VP  
Name: CARBONELL, ALEXEI  
Address: 3412 W 84TH ST UNIT 102  
City-St-Zip: HIALEAH, FL 33018

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: LUIS YANCE

PRES

06/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date