2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: UNLIMITED REHABILITATION MEDICAL CENTER INC

Current Principal Place of Business:

3900 WOODLAKE BLVD., SUITE 208
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD., SUITE 208
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 27-1973796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARDINAS, YORDAN
3900 WOODLAKE BLVD., SUITE 208
GREENACRES, FL 33463 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: PD
Name: SARDINAS, YORDAN
Address: 3900 WOODLAKE BLVD., SUITE 208
City-St-Zip: GREENACRES, FL 33463

Title: D
Name: MIXON, SHAMEKA V D.C.
Address: 3900 WOODLAKE BLVD., STE 208
City-St-Zip: GREENACRES, FL 33463

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: YORDAN SARDINAS PD 04/25/2011

Electronic Signature of Signing Officer or Director Date