

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026552

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** PRIMARY & REHAB EQUIPMENT INC

**Current Principal Place of Business:**

4853 NW 97TH CT  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4853 NW 97TH CT  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 27-2195901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATLLE, LUZ A  
4853 NW 97TH CT  
DORAL, FL 33178 US

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

NORENA VELEZ, LUZ A  
4853 NW 97TH CT  
DORAL, FL 33178 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:** LUZ A NORENA VELEZ

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NORENA VELEZ, LUZ A  
**Address:** 4853 NW 97TH CT  
**City-St-Zip:** DORAL, FL 33178

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:** LUZ A NORENA VELEZ

PRES

03/02/2012

Electronic Signature of Signing Officer or Director

Date