2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# P10000032085

Entity Name: AJS REHAB CENTER INC.

Current Principal Place of Business:

4343 WEST FLAGLER ST #406
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4343 WEST FLAGLER ST #406
MIAMI, FL 33134

New Mailing Address:

FEI Number: 27-2384486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVAS, M CAROLINA D.C.
465 BRICKELL AVE #4403
MIAMI, FL 33131 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: GONZALEZ, ILLANA
Address: 4343 WEST FLAGLER ST #406
City-St-Zip: MIAMI, FL 33134

Title: DS
Name: RIVAS, M CAROLINA D.C.
Address: 4343 WEST FLAGLER ST #406
City-St-Zip: MIAMI, FL 33134

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: CAROLINA RIVAS D 02/25/2011

Electronic Signature of Signing Officer or Director Date