

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000032085

Entity Name: AJS REHAB CENTER INC.

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**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:**

PO BOX 527346  
MIAMI, FL 33152

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:**

RIVAS, M CAROLINA D.C.  
4343 W FLAGLER ST #406  
MIAMI, FL 33134 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: M CAROLINA RIVAS, D.C.

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP,D  
Name: DE AVILA, ANDRES  
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: M CAROLINA RIVAS, D.C.

P

03/10/2011

Electronic Signature of Signing Officer or Director

Date