# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**Secretary of State**

DOCUMENT# P10000032085

**Entity Name:** AJS REHAB CENTER INC.

**Current Principal Place of Business:**

4343 WEST FLAGLER ST STE 406
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4343 WEST FLAGLER ST STE 406
MIAMI, FL 33134

**New Mailing Address:**

PO BOX 440802
MIAMI, FL 33144

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

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

GONZALEZ, ILIANA
4343 W FLAGLER ST #406
MIAMI, FL 33134 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: PS
Name: GONZALEZ, ILIANA
Address: 4343 W FLAGLER ST #406
City-St-Zip: MIAMI, FL 33134

Title: D
Name: GOMEZ, YANIA
Address: 4343 W 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: ILIANA GONZALEZ P 04/27/2012

Electronic Signature of Signing Officer or Director — Date