

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035943

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BISCAYNE HARBOUR REHAB CENTER, INC.

**Current Principal Place of Business:**

18189 BISCAYNE BOULEVARD  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

18189 BISCAYNE BOULEVARD  
AVENTURA, FL 33160 US

**New Mailing Address:**

FEI Number: 27-2434755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, ERIC DR.  
18189 BISCAYNE BOULEVARD  
AVENTURA, FL 33160 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: MILLER, ERIC DR.  
Address: 18189 BISCAYNE BOULEVARD  
City-St-Zip: AVENTURA, FL 33160 US

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: E R MILLER DC

P

03/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date