

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000042703

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** TOP HEALTH CARE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

701 NW 57 AVE.  
SUITE 231  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

701 NW 57 AVE.  
SUITE 231  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 27-2606286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, AMAURY  
16909 N BAY RD  
210  
SUNNY ISLES BEACH, 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: VALDES, AMAURY  
Address: 16909 N BAY RD  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: AMAURY VALDES

P

03/14/2011

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

\_\_\_\_\_ Date