2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# P10000042703

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 01/09/2012

Electronic Signature of Signing Officer or Director Date