2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2011
Secretary of State

DOCUMENT# P10000054573

Entity Name: SPRING MEDICAL & REHAB CENTER INC

Current Principal Place of Business:

8350 SW 8TH ST.
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8350 SW 8TH ST.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 80-0618718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, BETSY R
8350 SW 8TH ST.
MIAMI, FL 33144 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: PD
Name: RODRIGUEZ, BETSY T
Address: 8350 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

Title: VD
Name: MARTINEZ, BENITO
Address: 8350 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

Title: ST
Name: MARTINEZ, YOMNY
Address: 8350 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

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: BETSY RODRIGUEZ PDTE 02/07/2011

Electronic Signature of Signing Officer or Director Date