2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

DOCUMENT# P10000054573

Entity Name: SPRING MEDICAL & REHAB CENTER INC

Current Principal Place of Business:

8300 SW 8TH ST., SUITES 107 & 108
MIAMI, FL 33144

New Principal Place of Business:

9600 SW 8 STREET
SUITE 35
MIAMI, FL 33174

Current Mailing Address:

8300 SW 8TH ST., SUITES 107 & 108
MIAMI, FL 33144

New Mailing Address:

9600 SW 8 STREET
SUITE 35
MIAMI, FL 33174

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
8300 SW 8TH ST., SUITES 107 & 108
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

RODRIGUEZ, BETSY R
9600 SW 8 STREET
SUITE 35
MIAMI, FL 33174 US

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: BETSY RODRIGUEZ 03/05/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: RODRIGUEZ, BETSY T
Address: 9600 SW 8 STREET #35
City-St-Zip: MIAMI, FL 33174

Title: VP
Name: MARTINEZ, BENITO
Address: 9600 SW 8 STREET #35
City-St-Zip: MIAMI, FL 33174

Title: TR
Name: MARTINEZ, YOMNY
Address: 9600 SW 8 STREET #35
City-St-Zip: MIAMI, FL 33174

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 P 03/05/2012
Electronic Signature of Signing Officer or Director Date