2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P10000060620

Entity Name: PRACTICE REHABILITATION CENTER, INC.

Current Principal Place of Business:

13903 NW 57TH AVE., SUITE 330
MIAMI, FL 33016

New Principal Place of Business:

13903 NW 67TH AVE., SUITE 330
MIAMI, FL 33014

Current Mailing Address:

13903 NW 57TH AVE., SUITE 330
MIAMI, FL 33016

New Mailing Address:

13903 NW 67TH AVE., SUITE 330
MIAMI, FL 33014

FEI Number: 27-3126377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHEVERRIA, LUIS SERGIO P
13903 NW 57TH AVE., SUITE 330
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

ECHEVERRIA, LUIS SERGIO P
13903 NW 67TH AVE., SUITE 330
MIAMI, FL 33014 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: LUIS SERGIO ECHEVARRIA 02/10/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ECHEVERRIA, LUIS SERGIO
Address: 13903 NW 67TH AVE., SUITE 330
City-St-Zip: MIAMI, FL 33014

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: LUIS SERGIO ECHEVARRIA PRES 02/10/2011
Electronic Signature of Signing Officer or Director Date