

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000072874

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** MAX REHAB & CHIROPRACTIC CENTER, CORP.

**Current Principal Place of Business:**

1224 DEL PRADO BLVD SOUTH  
UNIT C  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1224 DEL PRADO BLVD SOUTH  
UNIT C  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 27-3402743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVAS, MARIA C  
1224 DEL PRADO BLVD SOUTH  
UNIT C  
CAPE CORAL, FL 33990 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: DE AVILA, ANDRES  
Address: 1224 DEL PRADO BLVD SOUTH UNIT C  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP,S  
Name: RIVAS, MARIA C  
Address: 1224 DEL PRADO BLVD SOUTH UNIT C  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: PI LLANES, ANTONIO  
Address: 1224 DEL PRADO BLVD SOUTH UNIT C  
City-St-Zip: CAPE CORAL, FL 33990

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: ANDRES DE AVILA

P

04/23/2012

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

\_\_\_\_\_  
Date