

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073836

Entity Name: MARLIN REHAB, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11513 SW 4ST  
MIAMI, FL 33174

**New Principal Place of Business:**

1116 SW 117 CT  
MIAMI, FL 33184

**Current Mailing Address:**

11513 SW 4ST  
MIAMI, FL 33174

**New Mailing Address:**

1116 SW 117 CT  
MIAMI, FL 33184

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUENTES, THAYMY A  
11513 SW 4ST  
MIAMI, FL 33174 US

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

FUENTES, THAYMY A  
1116 SW 117 CT  
MIAMI, FL 33184 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: THAYMY A FUENTES

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FUENTES, THAYMY A  
Address: 1116 SW 117 CT  
City-St-Zip: MIAMI, FL 33184

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: THAYMY A FUENTES

DP

03/22/2011

Electronic Signature of Signing Officer or Director

Date