2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# P10000077198

Entity Name: USA HEALTH CARE AND REHAB CENTER, INC.

Current Principal Place of Business:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 27-3502202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILWIT, NEIL
12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

PIERRE, EMMANUEL
5301 EAGLE CAY COURT
COCONUT CREEK, FL 33073 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: EMMANUEL PIERRE 03/23/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GILWIT, NEIL DR.
Address: 12677 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: EXVP
Name: PIERRE, EMMANUEL
Address: 5301 EAGLE CAY COURT
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TREA
Name: CAVANAUGH, NEMECENE
Address: 5323 EAGLE CAY WAY
City-St-Zip: COCONUT CREEK, FL 33073 US

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: DR. NEIL GILWIT PRES 03/23/2011
Electronic Signature of Signing Officer or Director Date