

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000077198

FILED
May 09, 2012
Secretary of State

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:

7118 SOUTHGATE BLVD
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

12677 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

7118 SOUTHGATE BLVD
NORTH LAUDERDALE, FL 33068 US

FEI Number: 27-3502202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, EMMANUEL
5301 EAGLE CAY COURT
COCONUT CREEK, FL 33073 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: PRES
Name: SCHNEIDER, GRANT S DR.
Address: 10000 WEST SAMPLE RD - STE B
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP,T
Name: PIERRE, EMMANUEL
Address: 5301 EAGLE CAY COURT
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: EMMANUEL PIERRE

VP

05/09/2012

Electronic Signature of Signing Officer or Director

Date