

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000079739

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** W & W REHAB CENTER CORP.

**Current Principal Place of Business:**

4790 NW 7 STREET  
STE. 208  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

4790 NW 7 STREET  
STE. 208  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 27-3609397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACUNA, RAYDEL B  
4790 NW 7 STREET  
STE 208  
MIAMI, FL 33126 US

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

MARTINEZ, JOVIER  
4790 NW 7 STREET  
STE 208  
MIAMI, FL 33126 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: JOVIER MARTINEZ

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ, JOVIER  
Address: 4790 NW 7 STREET, STE. 208  
City-St-Zip: MIAMI, FL 33126

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: JOVIER MARTINEZ

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date