

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080693

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** PHYSICAL THERAPY REHAB & WELLNESS SOUTH, INC.

**Current Principal Place of Business:**

434 SW 12 AVENUE  
SUITE 306  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

434 SW 12 AVENUE  
SUITE 306  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 27-3618746      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTINEZ, MIGDALIA  
861 EAST 17 STREET  
HIALEAH, FL 33010      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:** PD  
**Name:** HERRERA, MARGARITA  
**Address:** 25 EAST 53 TERRACE  
**City-St-Zip:** HIALEAH, FL 33013

**Title:** D  
**Name:** RAMNANAN, MARIE K  
**Address:** 18690 SW 132 AVENUE  
**City-St-Zip:** MIAMI, FL 33177

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: MARGARITA HERRERA

PD

04/24/2012

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

\_\_\_\_\_ Date