

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084610

Entity Name: SOUTH CENTER REHAB, INC

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7800 RED RD SUITE 220  
MIAMI, FL 33143

**New Principal Place of Business:**

7800 RED RD  
SUITE 220  
MIAMI, FL 33143

**Current Mailing Address:**

7800 RED RD SUITE 220  
MIAMI, FL 33143

**New Mailing Address:**

7800 RED RD  
SUITE 220  
MIAMI, FL 33143

FEI Number: 38-3821312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LORENZO, JUAN M  
7800 RED RD SUITE 220  
MIAMI, FL 33143 US

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

LORENZO, JUAN M  
7800 RED RD  
SUITE 220  
MIAMI, FL 33143 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:

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LORENZO, JUAN M  
Address: 7800 RED RD SUITE 220  
City-St-Zip: MIAMI, FL 33143

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: JUAN M. LORENZO

CEO

03/07/2012

Electronic Signature of Signing Officer or Director

Date