

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093111

FILED  
May 01, 2011  
Secretary of State

Entity Name: RAINBOW REHAB MEDICAL CENTER, INC.

## Current Principal Place of Business:

8302 NW 103 STREET  
202  
HIALEAH, FL 33016

## New Principal Place of Business:

8302 NW 103 STREET  
SUITE # 202  
HIALEAH, FL 33016 US

## Current Mailing Address:

8302 NW 103 STREET  
202  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

8302 NW 103 STREET  
SUITE # 202  
HIALEAH, FL 33016 US

FEI Number: 27-1239686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAVEZ, JOEL  
8302 NW 103 STREET  
202  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

CHAVEZ, JOEL  
8302 NW 103 STREET  
SUITE # 202  
HIALEAH GARDENS, FL 33016 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: JOEL CHAVEZ

05/01/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: CHAVEZ, JOEL  
Address: 8302 NW 103 STREET # 202  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: RENE F. LEONCIO

POA

05/01/2011

Electronic Signature of Signing Officer or Director

Date