

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101711

FILED
Apr 29, 2011
Secretary of State

Entity Name: CITY REHAB & WELLNESS, INC.

Current Principal Place of Business:

619A N. ROSEMARY AVE.
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

619A N. ROSEMARY AVE.
WEST PALM BEACH, FL 33401 US

New Mailing Address:

P.O BOX 4162
WEST PALM BEACH, FL 33402 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIRANDA, JAIME
6181 SERENE RUN
LAKE WORTH, FL 33467 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: P
Name: FARQUHARSAN, EVERLY
Address: 619A N. ROSEMARY AVE.
City-St-Zip: WEST PALM BEACH, FL 33401 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: EVERLY FARQUHARSAN

MS

04/29/2011

Electronic Signature of Signing Officer or Director

Date