

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

DOCUMENT# P11000006864

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** M & N REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5587 SW 8 ST  
MIAMI, FL 33134 UN

**New Principal Place of Business:**

5587 SW 8 ST  
MIAMI, FL 33134 US

**Current Mailing Address:**

5587 SW 8 ST  
MIAMI, FL 33134

**New Mailing Address:**

5587 SW 8 ST  
MIAMI, FL 33134 US

**FEI Number:** 27-4700866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, CARLOS R  
5587 SW 8 ST  
MIAMI, FL FL US

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

CASAS, NAYEF  
5587 SW 8 ST  
MIAMI, FL FL 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: NAYEF CASAS

04/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASAS, NAYEF  
Address: 5587 SW 8 ST  
City-St-Zip: MIAMI, FL 33134

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: NAYEF CASAS

PDTS

04/05/2012

Electronic Signature of Signing Officer or Director

Date