

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000007218

FILED
Apr 06, 2012
Secretary of State

Entity Name: IDEAL REHABILITATION CENTER INC

Current Principal Place of Business:

3971 SW 8TH ST., SUITE 202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3971 SW 8TH ST., SUITE 202
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 90-0744648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESA, KIRENIA
2600 SW 15 ST
MIAMI, FL 33145 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: MESA, KIRENIA
Address: 2600 SW 15 ST
City-St-Zip: MIAMI, FL 33145

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: KIRENIA MESA

P

04/06/2012

Electronic Signature of Signing Officer or Director

Date