2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2012
Secretary of State

DOCUMENT# P11000011640

Entity Name: MS MEDICAL REHAB CORPORATION

Current Principal Place of Business:

4343 W FLAGLER STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

4343 W FLAGLER STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 27-4784243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOMARRIBA, MARIA A
4343 W FLAGLER STREET
CORAL GABLES, FL 33134 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: VP
Name: SOMARRIBA, MARIA A
Address: 4343 W FLAGLER STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: ROVIRA, JACQUELINE
Address: 295 E 2ND ST APT 204
City-St-Zip: HIALEAH, FL 33010

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: MARIA SOMARRIBA P 06/13/2012

Electronic Signature of Signing Officer or Director Date