

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000014603

Entity Name: ANTC REHABILITATION, INC

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3905 SW 78 CT APT 203  
MIAMI, FL 33155

**New Principal Place of Business:**

3015 SW 93 CT  
MIAMI, FL 33165

**Current Mailing Address:**

3905 SW 78 CT APT 203  
MIAMI, FL 33155

**New Mailing Address:**

3015 SW 93 CT  
MIAMI, FL 33165

FEI Number: 27-5088031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUZ, CHEYLA  
3905 SW 78 CT APT 203  
MIAMI, FL 33155 US

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

CRUZ, CHEYLA  
3015 SW 93 CT  
MIAMI, FL 33165 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: CHEYLA CRUZ

03/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ, CHEYLA  
Address: 3015 SW 93 CT  
City-St-Zip: MIAMI, FL 33165

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: CHEYLA CRUZ

P

03/15/2012

Electronic Signature of Signing Officer or Director

Date