

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000019806

FILED
Sep 27, 2012
Secretary of State

Entity Name: ALLIANCE THERAPY & REHAB CENTER INC.

Current Principal Place of Business:

2140 W. FLAGLER ST
#208
MIAMI, FL 33135

New Principal Place of Business:

3850 SW 87TH AVE
302
MIAMI, FL 33165

Current Mailing Address:

2140 W. FLAGLER ST
#208
MIAMI, FL 33135

New Mailing Address:

3850 SW 87TH AVE
302
MIAMI, FL 33165

FEI Number: 27-5316337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES-RAMOS, HARETTOGN M
2140 W. FLAGLER ST
#208
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

REYES-RAMOS, HARETTOGN M
3850 SW 87TH AVE
302
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: HARETTOGN M. REYES-RAMOS

09/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: REYES-RAMOS, HARETTOGN M
Address: 3850 SW 87TH AVE
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: HARRETOGN M. REYES-RAMOS

MR

09/27/2012

Electronic Signature of Signing Officer or Director

Date