2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P11000022457

Entity Name: MESA THERAPY REHABILITATION, INC.

Current Principal Place of Business:

374 SW 16TH TERRACE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

374 SW 16TH TERRACE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESA, OMAR
374 SW 16TH TERRACE
HOMESTEAD,, FL 33030 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, OMAR
Address: 374 SW 16TH TERRACE
City-St-Zip: HOMESTEAD, FL 33030 US

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: OMAR MESA P/D 04/25/2012

Electronic Signature of Signing Officer or Director Date