

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000040791

FILED
Jan 10, 2012
Secretary of State

Entity Name: PALMETTO WEST REHAB, INC

Current Principal Place of Business:

3900 NW 79 AVE, SUITE 559
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79 AVE, SUITE 559
DORAL, FL 33166

New Mailing Address:

FEI Number: 80-0711709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, ZOILA E
3900 NW 79 AVE, SUITE 559
DORAL, FL 33166 US

Name and Address of New Registered Agent:

OLIVA, ANDRES
3900 NW 79 AVE, SUITE 559
DORAL, FL 33166 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: ANDRES OLIVA

01/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OLIVA, ANDRES
Address: 3900 NW 79 AVE, SUITE 559
City-St-Zip: DORAL, FL 33166

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: ANDREZ OLIVA

PD

01/10/2012

Electronic Signature of Signing Officer or Director

Date