

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000041389

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** GOLDEN BUTTERFLIES SPA AND REHAB CENTER INC

**Current Principal Place of Business:**

3900 NW 79 AVE SUITE 450  
DORAL, FL 33166

**New Principal Place of Business:**

3900 NW 79 AVE  
SUITE 450  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE SUITE 450  
DORAL, FL 33166

**New Mailing Address:**

3900 NW 79 AVE  
SUITE 450  
DORAL, FL 33166

**FEI Number:** 45-2072486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, OSMANI  
3900 NW 79 AVE SUITE 450  
DORAL, FL 33166 US

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

GONZALEZ, OSMANI SR  
3900 NW 79 AVE SUITE 450  
SUITE 450  
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:** OSMANI GONZALEZ

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** SR  
**Name:** GONZALEZ, OSMANI SR  
**Address:** 3900 NW 79 AVE SUITE 450  
**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:** OSMANI GONZALEZ

SR

01/06/2012

Electronic Signature of Signing Officer or Director

Date