

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000043763

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL REHABILITATION SERVICES INC.

**Current Principal Place of Business:**

11285 SW 211 STREET; STE. 201  
MIAMI, FL 33189

**New Principal Place of Business:**

11285 SW 211 STREET  
SUITE 201  
MIAMI, FL 33189

**Current Mailing Address:**

11285 SW 211 STREET; STE. 201  
MIAMI, FL 33189

**New Mailing Address:**

11285 SW 211 STREET  
SUITE 201  
MIAMI, FL 33189

**FEI Number:** 90-0716960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMARAL, YOELIS  
11285 SW 211 STREET; STE. 201  
MIAMI, FL 33189 US

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

AMARAL, YOELIS  
11285 SW 211 STREET  
SUITE 201  
MIAMI, FL 33189 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: YOELIS AMARAL

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: AMARAL, YOELIS  
Address: 11285 SW 211 STREET SUITE 201  
City-St-Zip: MIAMI, FL 33189

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: YOELIS AMARAL

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date