

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000055229

Entity Name: JS REHAB CENTER INC

FILED  
Jan 31, 2012  
Secretary of State

**Current Principal Place of Business:**

10300 SW 72 STREET  
SUITE 152  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SW 72 STREET  
SUITE 152  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 45-2528215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON-COSTA, YULIAN  
10300 SW 72 STREET  
SUITE 152  
MIAMI, FL 33173 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: PD  
Name: SIMON-COSTA, YULIAN  
Address: 10300 SW 72 ST, SUITE 152  
City-St-Zip: MIAMI, FL 33173

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: JULIAN SIMON

MR

01/31/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date