

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000055740

FILED
Apr 09, 2012
Secretary of State

Entity Name: M.A.F. REHAB CENTER OF NAPLES INC.

Current Principal Place of Business:

2335 STANFORD CT.
STE 502
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2335 STANFORD CT.
STE 502
NAPLES, FL 34112

New Mailing Address:

FEI Number: 45-2532476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MANUEL MD
2335 STANFORD CT. STE 502
STE: 15
NAPLES, FL 34112 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/D
Name: FERNANDEZ, MANUEL MD
Address: 2335 STANFORD CT. STE: 502
City-St-Zip: NAPLES, FL 34112

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: MANUEL A FERNANDEZ MD

P/D

04/09/2012

Electronic Signature of Signing Officer or Director

Date