

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000059450

FILED
Jan 04, 2012
Secretary of State

Entity Name: USA BEST CARE REHABILITATION, INC.

Current Principal Place of Business:

1445 WEST BUSCH BLVD
TAMPA, FL 33612

New Principal Place of Business:

10211 WILCOX CT
TAMPA, FL 33615

Current Mailing Address:

1445 WEST BUSCH BLVD
TAMPA, FL 33612

New Mailing Address:

10211 WILCOX CT
TAMPA, FL 33615

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, OSMANY R
10211 WILCOX COURT
TAMPA, FL 33615 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
Name: LOPEZ, OSMANY R
Address: 10211 WILCOX CT
City-St-Zip: TAMPA, FL 33615

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: OSMANY RUIZ LOPEZ

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date