2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

DOCUMENT# P11000072496

Entity Name: SKY MEDICAL REHAB CENTER, INC

Current Principal Place of Business:

1840 W 49 ST
SUITE 607
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1840 W 49 ST
SUITE 607
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 45-2990443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TIA, MARITZA
9837 W OKEECHOBEE RD
306
HIALEAH, FL 33012 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: TIA, MARITZA
Address: 9837 W OKEECHOBEE RD APT 306
City-St-Zip: HIALEAH GARDENS, FL 33012

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: MARITZA TIA P 01/16/2012

Electronic Signature of Signing Officer or Director — Date