

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074828

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** GENOMA MEDICAL & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

6555 NW 36TH STREET  
SUITE 116/117  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6555 NW 36TH STREET  
SUITE 116/117  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

**FEI Number:** 45-3060195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIRANDA, RAYDEL  
4550 NW 9TH STREET  
212  
MIAMI, FL 33126 US

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

MIRANDA, RAYDEL  
5020 NW 79 AV  
107  
DORAL, FL 33166 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:

Electronic Signature of Registered Agent

01/24/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MIRANDA, RAYDEL  
Address: 5020 NW 79 AV APT 107  
City-St-Zip: DORAL, FL 33166

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: RAYDEL MIRANDA

P

01/24/2012

Electronic Signature of Signing Officer or Director

Date