

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079829

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** MOBIL REHAB CENTER CORP

**Current Principal Place of Business:**

7015 N W 173 DR.  
SUITE 208  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

7015 NW 173 DR.  
SUITE 208  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

7015 N W 173 DR.  
SUITE 208  
MIAMI LAKES, FL 33015

**New Mailing Address:**

7015 NW 173 DR.  
SUITE 208  
MIAMI LAKES, FL 33015

**FEI Number:** 45-3216289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ALEXIS A  
7015 N W 173 DR.  
208  
MIAMI LAKES, FL 33015 US

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

GONZALEZ, ALEXIS A  
7015 NW 173 DR.  
208  
MIAMI LAKES, FL 33015 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: ALEXIS A. GONZALEZ

02/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GONZALEZ, ALEXIS A  
Address: 7015 NW 173 DR. # 208  
City-St-Zip: MIAMI LAKES, FL 33015

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: ALEXIS A. GONZALEZ

P

02/12/2012

Electronic Signature of Signing Officer or Director

Date