2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# P11000083801

Entity Name: MY REHAB SERVICES CORP

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD., SUITE# 1-R6A
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FONTAINEBLEAU BLVD., SUITE# 1-R6A
MIAMI, FL 33172

New Mailing Address:

FEI Number: 45-3368663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, YOMANKIS
175 FONTAINEBLEAU BLVD., SUITE# 1-R6A
MIAMI, FL 33172 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: PD
Name: ALVAREZ, YOMANKIS
Address: 175 FONTAINEBLEAU BLVD., SUITE# 1-R6A
City-St-Zip: MIAMI, FL 33172

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: YOMANKIS ALVAREZ OWNE 04/18/2012

Electronic Signature of Signing Officer or Director — Date