

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000089272

FILED
Apr 30, 2012
Secretary of State

Entity Name: MAGIC REHAB. THERAPY, INC.

Current Principal Place of Business:

3591 SW 11 ST #3
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3591 SW 11 ST #3
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 38-3854903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, YULAIIDY
3591 SW 11 ST #3
MIAMI, FL 33145 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: PVST
Name: LOPEZ, YULAIIDY
Address: 3591 SW 11 ST #3
City-St-Zip: MIAMI, FL 33145 US

Title: D
Name: LOPEZ, YULAIIDY
Address: 3591 SW 11 ST #3
City-St-Zip: MIAMI, FL 33145 US

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: YULAIIDY LOPEZ

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date