## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000089391

Entity Name: M.T THERAPY & REHAB SERVICES, CORP.

FILED Apr 23, 2012 Secretary of State

| Current Principal Place of Business:                            |                                  | New Principal Place of Business:  |   |  |
|---|----------------------------------|-----------------------------------|---|--|
| 2120 SW 6 ST<br>10<br>MIAMI, FL 33135 US                        |                                  |                                   |   |  |
| Current Mailing Address:  |                                  | New Mailing Address:              |   |  |
| 2120 SW 6 ST<br>10<br>MIAMI, FL 33135 US                        |                                  |                                   |   |  |
| FEI Number: 45-3573574  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:                   |                                  | Name and Address of               | Name and Address of New Registered Agent: |  |
| MIRANDA TOLEDO, MAY<br>2120 SW 6 ST<br>10<br>MIAMI, FL 33135 US | DEL                              |                                   |   |  |
| The above named entity si in the State of Florida.              | ubmits this statement for the pu | irpose of changing its registered | office or registered agent, or bot        |  |
| SIGNATURE:  |                                  |                                   |   |  |
| Electroni   | c Signature of Registered Ager   | nt                                | Date                                      |  |

## **OFFICERS AND DIRECTORS:**

Title: P.D.

 Name:
 MIRANDA TOLEDO, MAYDEL

 Address:
 2120 SW 6 ST # 10

 City-St-Zip:
 MIAMI, FL 33135 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: MAYDEL MIRANDA TOLEDO P 04/23/2012