

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089558

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** JHAB THERAPY CENTER INC.

**Current Principal Place of Business:**

445 NW 4TH ST APT 215  
MIAMI, FL 33128

**New Principal Place of Business:**

900 W 49 ST  
438  
HIALEAH, FL 33012

**Current Mailing Address:**

445 NW 4TH ST APT 215  
MIAMI, FL 33128

**New Mailing Address:**

445 NW 4TH ST  
215  
MIAMI, FL 33128

**FEI Number:** 45-3601454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUILARTE-PENA, JANICE  
445 NW 4TH ST APT 215  
MIAMI, FL 33128 US

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

GUILARTE-PENA, JANICE  
900 W 49 ST  
438  
HIALEAH, FL 33012 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:** JANICE GUILARTE

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GUILARTE-PENA, JANICE  
**Address:** 445 NW 4TH ST APT 215  
**City-St-Zip:** MIAMI, FL 33128

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:** JANICE GUILARTE

P

02/28/2012

Electronic Signature of Signing Officer or Director

Date