2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# P11000090036

Entity Name: MIAMI MEDICAL & REHAB CENTER INC.

Current Principal Place of Business:

1701 W FLAGLER ST STE 314
MIAMI, FL 33135

New Principal Place of Business:

1701 W FLAGLER ST
SUITE 314
MIAMI, FL 33135

Current Mailing Address:

1701 W FLAGLER ST STE 314
MIAMI, FL 33135

New Mailing Address:

1701 W FLAGLER ST
SUITE 314
MIAMI, FL 33135

FEI Number: 45-3607681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEAGUDO, ARIANNE
1701 W FLAGLER ST STE 314
MIAMI, FL 33135 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: PS
Name: MONTEAGUDO, ARIANNE
Address: 850 W 49TH ST APT 215
City-St-Zip: HIALEAH, FL 33012

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: ARIANNE MONTEAGUDO PS 04/17/2012

Electronic Signature of Signing Officer or Director Date