

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000090589

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** O AND A REHAB CENTER INC.

**Current Principal Place of Business:**

6955 NW 77 AVE SUITE 310  
MIAMI, FL 33166

**New Principal Place of Business:**

1152 W 27 ST  
101  
HIALEAH, FL 33010

**Current Mailing Address:**

6955 NW 77 AVE SUITE 310  
MIAMI, FL 33166

**New Mailing Address:**

1152 W 27 ST  
101  
HIALEAH, FL 33010

**FEI Number:** 45-3612545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACOSTA, OSBEL R  
6955 NW 77 AVE SUITE 310  
MIAMI, FL 33166 US

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

ROMERO ACOSTA, OSBEL  
1152 W 27 ST  
101  
HIALEAH, FL 33010 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: OSBEL ROMERO ACOSTA

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROMERO ACOSTA, OSBEL  
Address: 1152 W 27 ST APT 101  
City-St-Zip: HIALEAH, FL 33010

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: OSBEL ROMERO ACOSTA

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date