

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000097354

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** J&M REHABILITATION MEDICAL CENTER INC

**Current Principal Place of Business:**

20300 SW 106 CT  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

9100 SW CORAL WAY  
SUITE 7  
MIAMI, FL 33165

**Current Mailing Address:**

20300 SW 106 CT  
CUTLER BAY, FL 33189

**New Mailing Address:**

9100 SW CORAL WAY  
SUITE 7  
MIAMI, FL 33165

**FEI Number:** 45-3798248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, YANIEL  
20300 SW 106 CT  
CUTLER BAY, FL 33189 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: DP  
Name: MUNOZ, YANIEL  
Address: 20300 SW 106 CT  
City-St-Zip: CUTLER BAY, FL 33189

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: YANIEL MUNOZ

DP

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date