

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000014528

**FILED**  
**Aug 23, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN HEALTH REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

7230 SW 39 TERRACE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

7254 SW 48TH STREET  
MIAMI, FL 33155 US

**Current Mailing Address:**

7230 SW 39 TERRACE  
MIAMI, FL 33155 US

**New Mailing Address:**

7254 SW 48TH STREET  
MIAMI, FL 33155 US

**FEI Number:** 65-0639981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FAJARDO, ALICIA  
6715 TAMiami CANAL RD  
MIAMI, FL 33126 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: PVST  
Name: FAJARDO, ALICIA  
Address: 6715 TAMiami CANAL RD  
City-St-Zip: MIAMI, FL 33126

Title: D  
Name: FAJARDO, ALICIA  
Address: 6715 TAMiami CANAL RD  
City-St-Zip: MIAMI, FL 33126

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: ALICIA FAJARDO

PRES

08/23/2011

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

\_\_\_\_\_  
Date