

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015981

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: MAGIC REHABILITATION CENTER INC.

**Current Principal Place of Business:**

5101 SW 8 STREET  
SUITE 201  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 SW 8 STREET  
SUITE 201  
MIAMI, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0813320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RAMOS, ARTURO N  
5101 SW 8 STREET  
SUITE 201  
MIAMI, FL 33134 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

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title:            DPT            ( ) Delete  
Name:            RAMOS, ARTURO N  
Address:        970 SW 1ST STREET #305  
City-St-Zip:    MIAMI, FL 33130 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPT            (X) Change ( ) Addition  
Name:            RAMOS, ARTURO N  
Address:        5101 SW 8 STREET SUITE 201  
City-St-Zip:    MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTURO N RAMOS

DPT

04/13/2009

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

\_\_\_\_\_ Date