

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015981

FILED  
Apr 25, 2010  
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:

5200 SW 8 STREET  
SUITE 204-A & 205-A  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

5101 SW 8 STREET  
SUITE 201  
MIAMI, FL 33134 US

## New Mailing Address:

5200 SW 8 STREET  
SUITE 204-A & 205-A  
CORAL GABLES, FL 33134 US

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:

RAMOS, ARTURO N  
5200 SW 8 STREET  
SUITE 204-A & 205-A  
CORAL GABLES, FL 33134 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: ARTURO N RAMOS

04/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT  
Name: RAMOS, ARTURO N  
Address: 5200 SW 8 STREET SUITE 204-A & 205-A  
City-St-Zip: CORAL GABLES, FL 33134 US

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: ARTURO N RAMOS

DPT

04/25/2010

Electronic Signature of Signing Officer or Director

Date