

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015981

FILED
May 01, 2011
Secretary of State

Entity Name: MAGIC REHABILITATION CENTER INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0813320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date