

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015981

FILED  
Apr 30, 2012  
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:**

1009 NW 5TH AVENUE  
MIAMI, FL 33136 US

**Current Mailing Address:**

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

**New Mailing Address:**

1009 NW 5TH AVENUE  
MIAMI, FL 33136 US

**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:**

ONE SOURCE SOLUTIONS GROUP, INC.  
5001 SW 74 COURT  
200  
MIAMI, FL 33155 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: ONE SOURCE SOLUTIONS GROUP, INC.

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RAMOS, ARTURO N  
Address: 1009 NW 5 AVENUE  
City-St-Zip: MIAMI, FL 33136 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

PSTD

04/30/2012

Electronic Signature of Signing Officer or Director

Date