2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# P98000052429

Entity Name: WEST CARE REHABILITATION CENTER, INC.

Current Principal Place of Business:

8001 WEST 26 AVE STE 11
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

8001 WEST 26 AVE STE 11
HIALEAH, FL 33016

New Mailing Address:

C/O LOPEZ ACCOUNTING
1800 W 49TH ST, STE 223
HIALEAH, FL 33012

FEI Number: 65-0843207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURIAS, ELIAS
8001 WEST 26 AVE STE 11
HIALEAH, FL 33016 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 ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: MURIAS, ELIA
Address: 16392 STONEHAVEN RD.
City-St-Zip: MIAMI LAKES, FL 33014

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: ELIA MURIAS PD 04/12/2010
Electronic Signature of Signing Officer or Director Date