

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000057846

Entity Name: ARBE REHAB, INC.

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

449 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

449 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

FEI Number: 65-0847461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, ANA B  
449 PINECREST DRIVE  
MIAMI SPRINGS, FL 33166 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: PD  
Name: RODRIGUEZ, ANA B  
Address: 449 PINECREST DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: ANA B RODRIGUEZ

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01/29/2012

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

\_\_\_\_\_  
Date