2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 24, 2011 Secretary of State

Date

Entity Name: SOUTH PSYCHOLOGICAL & PHYSICAL REHABILITATION INC

Electronic Signature of Registered Agent

New Principal Place of Business: Current Principal Place of Business: 43 NE 10 STREET HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** 43 NE 10TH STREET HOMESTEAD, FL 33030 FEI Number: 65-0853792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVER, KADEL T 12274 SW 17TH LANE # 101 MIAMI, FL 33175 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.

OFFICERS AND DIRECTORS:

Title: PVS

SIGNATURE:

Name: OLIVER, KADEL T

Address: 12274 SW 17TH LANE # 101

City-St-Zip: MIAMI, FL 33175

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: KADEL TORRES P 01/24/2011