

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073669

FILED
Apr 26, 2011
Secretary of State

Entity Name: DADE INJURY REHABILITATION, INC.

Current Principal Place of Business:

17325 N.W. 27TH AVE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

17325 N.W. 27TH AVE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0858114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BONNIE S CPA
9050 PINES BLVD
#301
PEMBROKE PINES, FL 33024 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: P
Name: LEWIN, ROBERT
Address: 17325 N.W. 27TH AVE
City-St-Zip: MIAMI, FL 33056

Title: VP
Name: LEWIN, HARLEY
Address: 17325 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33056

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: ROBERT LEWIN

P

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date