

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725328

**Entity Name:** PSYCHO-SOCIAL REHABILITATION CENTER, INC.

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC5870617118**

**Current Principal Place of Business:**

5711 S. DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5711 S. DIXIE HIGHWAY  
SOUTH MIAMI, FL 33143

**FEI Number: 59-1466709**

**Certificate of Status Desired: Yes**

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

SANTANA, PUBLIO MP/CEO  
5711 S DIXIE HWY  
S. MIAMI, FL 33143 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name GREEN, NANCY  
Address 10320 SW 69TH AVE  
City-State-Zip: MIAMI FL 33156

Title VD  
Name ASSALONE, JAMES  
Address 5100 ADAMS STREET  
City-State-Zip: HOLLYWWOD FL 33021

Title CD  
Name KLOMPARENS, AL  
Address 9131 SW 19 ST  
City-State-Zip: S. MIAMI FL 33156

Title PD  
Name SANTANA, PUBLIO MP/CEO  
Address 9501 SW 45 STREET  
City-State-Zip: MIAMI FL 33165

Title SD  
Name KREISBERG, IRVING  
Address 251 CRANDON BLVD APT #500  
City-State-Zip: KEY BISCAYNE FL 33149

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PUBLIO M. SANTANA**

**PRESIDENT/CEO**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date