

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091829

Entity Name: MERCY OUTPATIENT REHABILITATION CLINIC INC.

Current Principal Place of Business:

16459 N.E. 6TH AVENUE
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16459 N.E. 6TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 56-2387876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDOUARD-JEAN, MANIELA
16459 N.E. 6TH AVENUE
NORTH MIAMI BEACH, FL 33162 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 | P/T | Title | S/V |
| Name | JEAN, RONET | Name | EDOUARD-JEAN, MANIELA |
| Address | 16459 N.E. 6TH AVENUE | Address | 16459 N.E. 6TH AVENUE |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 | City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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: MANIELA EDOUARD- JEAN

SEC

04/28/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date