

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065514

Entity Name: NU LOOK REHAB INC.**Current Principal Place of Business:**190 NE 199TH ST
#203
MIAMI, FL 33179**Current Mailing Address:**190 NE 199TH ST
#203
MIAMI, FL 33179**FEI Number:** 20-1076764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIDD, DAVID J
3720 INVERRAY DR.
UNIT 1
LAUDERHILL, FL 33319 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
Name	KIDD, DAVID J
Address	3720 INVERRAY DR. APT 14
City-State-Zip:	LAUDERHILL FL 33319

Title	VP
Name	DECIUS, DENISE
Address	190 NE 199 STREET # 203
City-State-Zip:	MIAMI FL 33179

Title	TREA
Name	DENISE, DECIUS
Address	190 NE 199 STREET # 203
City-State-Zip:	MIAMI FL 33179

Title	VP
Name	DECIUS, DENISE
Address	190 NE 199ST # 203
City-State-Zip:	MIAMI FL 33179

Title	TREA
Name	DECIUS, DENISE
Address	190 NE 199ST #203
City-State-Zip:	MIAMI, FL 33179

Title	VP
Name	DECIUS, DENISE
Address	190 NE 199ST #203
City-State-Zip:	MIAMI FL 33179

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: DECIUS DENISE

VP

03/01/2013

Electronic Signature of Signing Officer/Director Detail_____
Date