

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088068

Entity Name: DADE COUNTY REHAB INC

Current Principal Place of Business:

7500 N.W. 25TH ST., STE 112
MIAMI, FL 33122

Current Mailing Address:

2044 NW 27 ST
MIAMI, FL 33142

FEI Number: 20-3025352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURCIA, LUZ M
2044 NW 27 ST
MIAMI, FL 33142 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 PST
Name MURCIA, LUZ M
Address 7500 N.W. 25TH ST., STE 112
City-State-Zip: MIAMI FL 33122

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: LUZ MARY MURCIA

PST

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date