

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000016707

**Entity Name:** FAMILY CARE REHAB GROUP CORP.

**Current Principal Place of Business:**

12260 SW 8TH STREET  
SUITE 232  
MIAMI, FL 33184

**Current Mailing Address:**

12260 SW 8TH STREET  
SUITE 232  
MIAMI, FL 33184

**FEI Number:** 80-0552625

**Certificate of Status Desired:** No

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

JIMENEZ, JANET  
12260 SW 8TH STREET  
SUITE 232  
MIAMI, FL 33184 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:** JANET JIMENEZ

04/29/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JIMENEZ, JANET  
Address        18975 COLLINS AVE, APT A101  
City-State-Zip: SUNNY ISLES FL 33160

*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:** JANET JIMENEZ

PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date