2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2013
Secretary of State
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Entity Name: PROCARE REHAB SERVICES, INC.

Current Principal Place of Business:

6462 NW 109 AVE.
DORAL, FL 33178

Current Mailing Address:

6462 NW 109 AVE.
DORAL, FL 33178

FEI Number: 27-2450437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREIRA, ANA KARINA
6462 NW 109 AVE.
DORAL, FL 33178 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	PD
Name	PEREIRA, ANA KARINA
Address	6462 NW 109 AVE.
City-State-Zip:	DORAL FL 33178

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: ANA KARINA PEREIRA PD 08/28/2013

Electronic Signature of Signing Officer/Director Detail — Date