

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000104165

Entity Name: GOOD HANDS REHABILITATION CENTER CORP

Current Principal Place of Business:

2460 SW 137TH AVE
SUITE 251
MIAMI, FL 33175

Current Mailing Address:

2460 SW 137TH AVE
SUITE 251
MIAMI, FL 33175 US

FEI Number: 27-4423234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, LIUVA
16419 SW 73RD TER
MIAMI, FL 33193 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 RODRIGUEZ, LIUVA
Address 2460 SW 137TH AVE
City-State-Zip: MIAMI FL 33175

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: LIUVA RODRIGUEZ

PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date