

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073669

Entity Name: DADE INJURY REHABILITATION, INC.

Current Principal Place of Business:

17325 N.W. 27TH AVE
MIAMI, FL 33056

Current Mailing Address:

17325 N.W. 27TH AVE
MIAMI, FL 33056

FEI Number: 65-0858114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, BONNIE SCPA
9050 PINES BLVD
#301
PEMBROKE PINES, FL 33024 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 LEWIN, ROBERT
Address 17325 N.W. 27TH AVE
City-State-Zip: MIAMI FL 33056

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: ROBERT LEWIN

PRESIDENT

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date