

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009069

**Entity Name:** 360 HEALTH & REHAB, INC.

**Current Principal Place of Business:**

78 PIMLICO DR.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

78 PIMLICO DR.  
CRAWFORDVILLE, FL 32327

**FEI Number:** 27-2433907

**Certificate of Status Desired:** No

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

RICCI, ELIZABETH  
521 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308 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 VAN DER MERWE, IZETTE  
Address 78 PIMLICO DR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP  
Name POTGIETER, ARNO P  
Address PO BOX 17495  
City-State-Zip: BAINSVLEI SA 9338

Title D  
Name VAN VUUREN, ALRON  
Address WILLIE DU PLESSIS WEG 14  
City-State-Zip: FICHARDTPARK BLOEMFONTEIN SA 9300

Title D  
Name VAN VUUREN, RIANA  
Address WILLIE DU PLESSIS WEG 14  
City-State-Zip: FICHARDTPARK BLOEMFONTEIN SA 9300

Title D  
Name VAN VUUREN, CHANTELE  
Address WILLIE DU PLESSIS WEG 14  
City-State-Zip: FICHARDTPARK BLOEMFONTEIN SA 9300

Title D  
Name VAN VUUREN, MICHAEL  
Address WILLIE DU PLESSIS WEG 14  
City-State-Zip: FICHARDTPARK BLOEMFONTEIN SA 9300

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IZETTE VAN DER MERWE

P

05/01/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date