

2018 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, CHANTELLE |
| 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

MRS

04/15/2018

Electronic Signature of Signing Officer/Director Detail

Date