

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001815

**Entity Name:** SOUTH FLORIDA REHAB AND EMERGENCY SUPPORT TEAM,  
INC**FILED**  
**Feb 07, 2016**  
**Secretary of State**  
**CC8186433127****Current Principal Place of Business:**1722 SHERIDAN STREET  
197  
HOLLYWOOD , FL 33020**Current Mailing Address:**1600 SW 78TH AVE  
917  
PLANTATION , FL 33324 US**FEI Number: 27-1988103****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WELLS, DARREN S  
1600 SW 78TH AVE  
917  
PLANTATION , FL 33324 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: DARREN S WELLS****02/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	BARRETT, MICHAEL PJR
Address	2835 NW 70 AVE
City-State-Zip:	MARGATE FL 33063

Title	TREASURER
Name	WELLS, DARREN S
Address	1600 SW 78TH AVE 917
City-State-Zip:	PLANTATION FL 33324

Title	MANAGER
Name	PRINCEVALLI III, JOHN
Address	8502 E SOUTHGATE SHORES CIR
City-State-Zip:	TAMARAC FL 33321

Title	PRESIDENT
Name	ALOI, SEBASTIAN W
Address	418 SW 2ND AVENUE
City-State-Zip:	HALLANDALE FL 33009
Title	SECRETARY
Name	MISKEW, MICHAEL
Address	314 E DANIA BEACH BLVD #138
City-State-Zip:	DANIA BEACH FL 33004

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: DARREN S WELLS****TRES****02/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date