

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001815

**Entity Name:** SOUTH FLORIDA REHAB AND EMERGENCY SUPPORT TEAM,  
INC

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC0114397620**

**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: Yes**

**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**

**01/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title COMMUNICATIONS DIRECTOR  
Name BARRETT, MICHAEL P JR.  
Address 2835 NW 70 AVE  
City-State-Zip: MARGATE FL 33063

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 WELLS**

**REG AGENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date