

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001815

**Entity Name:** SOUTH FLORIDA REHAB AND EMERGENCY SUPPORT TEAM,  
INC**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC8444479641****Current Principal Place of Business:**1722 SHERIDAN STREET  
197  
HOLLYWOOD, FL 33020**Current Mailing Address:**1700 SW 78TH AVE  
APT 900  
PLANTATION, FL 33324 US**FEI Number: 27-1988103****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WELLS, DARREN S  
1700 SW 78TH AVE  
APT 900  
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****03/26/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	TREASURER
Name	WELLS, DARREN S
Address	1700 SW 78TH AVE APT 900
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	MISKEW, MICHAEL
Address	314 E DANIA BEACH BLVD #138
City-State-Zip:	DANIA BEACH FL 33004

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

Title	VP
Name	SINGH, VISHNU KHAMTA
Address	10548 NW 36TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065

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****TREASURER****03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date