

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F49244

**Entity Name:** REHABILITATION ADVISORS, INC.

**Current Principal Place of Business:**

4545 EDGEWATER DR.  
ORLANDO, FL 32804

**Current Mailing Address:**

4545 EDGEWATER DR.  
ORLANDO, FL 32804 US

**FEI Number: 59-2132085**

**Certificate of Status Desired: Yes**

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

REID, BETTY LEE  
205 DUNCAN TRAIL  
LONGWOOD, FL 32779 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	PD	Title	SEC
Name	REID, BETTY LEE	Name	HIRSCH, RONALD T.
Address	205 DUNCAN TRAIL	Address	205 DUNCAN TRAIL
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

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

**SIGNATURE: BETTY L REID**

**PRESIDENT/OWNER**

**01/30/2021**

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

\_\_\_\_\_  
Date