#### **2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J21329

Entity Name: COMPREHENSIVE REHABILITATION CONSULTANTS, N. Y., INC.

FILED Apr 06, 2016 Secretary of State CC7844172306

# **Current Principal Place of Business:**

11428 SW 109TH RD MIAMI, FL 33176

## **Current Mailing Address:**

11428 SW 109TH RD MIAMI. FL 33176

FEI Number: 59-2732535 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FORMAN, DAVID 11428 SW 109TH RD MIAMI, FL 33176 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 Title \

Name CARRUTHERS, DARLENE Name SCHUSTER, RICHARD DR.

Address 11428 SW 109TH RD Address 11428 SW 109TH RD

City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33176

Title C

Name FORMAN, LAWRENCE
Address 11428 SW 109TH RD
City-State-Zip: MIAMI FL 33176

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: LAWRENCE FORMAN

**CHAIRMAN** 

04/06/2016