2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2020
Secretary of State
3698459446CC

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Entity Name: A-PLUS MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

4699 N STATE ROAD 7
B-2
TAMARAC, FL 33319

Current Mailing Address:

188O N CONGRESS AVE
224
BOYNTON BEACH, FL 33426 US

FEI Number: 16-1618653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYES, ROGER
4699 N STATE ROAD 7
B-2
TAMARAC, FL 33319 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: ROGER REYES 01/22/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	VP, CFO
Name	LOAIZA, MARTHA LUZ	Name	BELTMAN, RODRIGO ISAAC
Address	188O N CONGRESS AVE 224	Address	188O N CONGRESS AVE 224
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT, COO
Name	BELTRAN, BRYANT
Address	188O N CONGRESS AVE 224
City-State-Zip:	BOYNTON BEACH FL 33426

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: BRYANT BELTRAN PRESIDENT 01/22/2020

Electronic Signature of Signing Officer/Director Detail — Date