

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000104719

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC3077305027**

**Entity Name:** MIAMI NEUROLOGY & REHABILITATION SPECIALISTS, INC.

**Current Principal Place of Business:**

5975 SUNSET DRIVE.  
SUITE 405  
MIAMI, FL 33143

**Current Mailing Address:**

5975 SUNSET DRIVE.  
SUITE 405  
MIAMI, FL 33143

**FEI Number:** 30-0117432

**Certificate of Status Desired:** No

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

MARTIN, CAROLYN  
5975 SUNSET DRIVE.  
SUITE 405  
MIAMI, FL 33143 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, D  
Name            NICHOLAS, GAZO  
Address        5975 SUNSET DRIVE. SUITE 405  
City-State-Zip: MIAMI FL 33143

Title            VP  
Name            MARTIN, CAROLYN  
Address        5975 SUNSET DRIVE. SUITE 405  
City-State-Zip: MIAMI FL 33143

*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:** NICHOLAS GAZO

**P**

**02/09/2017**

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

\_\_\_\_\_  
Date