

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052005

Entity Name: SILVER HILLS HEALTH & REHAB CLINIC INC**Current Principal Place of Business:**4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808**Current Mailing Address:**4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808**FEI Number:** 20-0020183**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALTENOR, WESLY
4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808 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:** WESLY ALTENOR

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ALTENOR, WESLY
Address	4823 SILVER STAR RD., SUITE 130
City-State-Zip:	ORLANDO FL 32808

Title	PRESIDENT
Name	ALTENOR, WETZER
Address	4823 SILVER STAR RD., SUITE 130
City-State-Zip:	ORLANDO FL 32808

Title	PRESIDENT
Name	ALTENOR, HERNA
Address	4823 SILVER STAR RD., SUITE 130
City-State-Zip:	ORLANDO FL 32808

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: ALTENOR, WESLY

PRES

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date