

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113969

Entity Name: COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

FILED
Apr 25, 2016
Secretary of State
CC5433878940

Current Principal Place of Business:

4935 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

Current Mailing Address:

P.O. BOX 741235
BOYNTON BEACH, FL 33474 US

FEI Number: 26-0057218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name BAUER, BRIAN
Address 3111 NE 43RD STREET
City-State-Zip: FT LAUDERDALE FL 33308

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: BRIAN BAUER

MANAGER

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date