

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046411

Entity Name: EAST COAST MEDICAL REHAB, INC.

Current Principal Place of Business:

8101 CORAL WAY
MIAMI, FL 33155

Current Mailing Address:

8101 CORAL WAY
MIAMI, FL 33155

FEI Number: 42-1623930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERRER, JOHANNA A
8101 CORAL WAY
MIAMI, FL 33155 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 FERRER, JOHANNA A
Address 8101 CORAL WAY
City-State-Zip: MIAMI FL 33155

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: FERRER, JOHANNA A

PRESIDENT

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date