

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061811

Entity Name: QUALITY CARE REHAB GROUP INC.

Current Principal Place of Business:

2160 SW 145 AVE
MIAMI, FL 33175

Current Mailing Address:

2160 SW 145 AVE
MIAMI, FL 33175 US

FEI Number: 54-2149035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACHIN, PEDRO TJR
2160 SW 145 AVE
MIAMI, FL 33175 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 PSTD
Name MACHIN, PEDRO TJR
Address 2160 SW 145 AVE
City-State-Zip: MIAMI FL 33175

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: PEDRO T. MACHIN JR

PSTD

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date