

**2021 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	Title	VP
Name	MACHIN, PEDRO TJR	Name	PARAMO, IMARA A. VP
Address	2160 SW 145 AVE	Address	2160 SW 145 AVE
City-State-Zip:	MIAMI FL 33175	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 MACHIN

PSTD

02/15/2021

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

\_\_\_\_\_  
Date