

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069263

Entity Name: COMPREHENSIVE THERAPY AND REHABILITATION INC.

Current Principal Place of Business:

8449 HONORE AVENUE
UNIVERSITY PARK, FL 34201

Current Mailing Address:

8913 BERNBERRY ST.
SARASOTA, FL 34240 US

FEI Number: 01-0813018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERTOLINO, LAWRENCE
8913 BERNBERRY ST.
SARASOTA, FL 34240 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 PRES
Name BERTOLINO, LAWRENCE
Address 8913 BERNBERRY ST.
City-State-Zip: SARASOTA FL 34240

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: LAWRENCE BERTOLINO

PRESIDENT

04/21/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date