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.

PRESIDENT

SIGNATURE: LAWRENCE BERTOLINO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P04000069263

Entity Name: COMPREHENSIVE THERAPY AND REHABILITATION INC.

Current Principal Place of Business:

5023 RINGWOOD MEADOW BLDG F SARASOTA, FL 34235

Current Mailing Address:

8913 BERNBERRY ST. SARASOTA, FL 34240 US

FEI Number: 01-0813018

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:

Officer/Director Detail :

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

Electronic Signature of Registered Agent

01/24/2020

FILED Jan 24, 2020 Secretary of State 3207084961CC

Date

Certificate of Status Desired: No

Date