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: GERI 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.

SIGNATU

Officer/Di

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	

JRE:						
	Electronic Signature of Registered Agent					
irector Detail :						
	PRES	Title	VP			
	BERTOLINO, LAWRENCE	Name	BERTOLINO, GERI			
	8913 BERNBERRY ST.	Address	8913 BERNBERRY ST.			

VP

Certificate of Status Desired: No

FILED Feb 02, 2021 Secretary of State 7850085242CC

> 02/02/2021 Date

Date