

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075934

Entity Name: HEALTH AND REHAB CENTER OF PALM BEACHES, INC.

Current Principal Place of Business:

11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11951 US HWY 1
SUITE 105
NORTH PALM BEACH, FL 33408

FEI Number: 20-1080094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWARD II, TIMOTHY R
11951 US HWY1
SUITE 105
NORTH PALM BEACH, FL 33408 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 D
Name TOWARD II, TIMOTHY R
Address 11951 US HWY 1, SUITE 105
City-State-Zip: NORTH PALM BEACH FL 33408

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: TIMOTHY R. TOWARD II

PRESIDENT

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date