

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000075934

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

**FILED**  
**Feb 26, 2021**  
**Secretary of State**  
**0422366396CC**

**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 US

**FEI Number:** 20-1080094

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELUCA, JOHN  
11951 US-1  
#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:** JOHN DELUCA

02/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT, SECRETARY,  
TREASURER  
Name DELUCA MD, JOHN  
Address 11951 US HIGHWAY 1  
#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:** JOHN DELUCA MD

PRES

02/26/2021

Electronic Signature of Signing Officer/Director Detail

Date