

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088035

**Entity Name:** AVM REHAB, INC.

**Current Principal Place of Business:**

15255 SW 140TH. STREET  
MIAMI, FL 33196

**Current Mailing Address:**

15255 SW 140TH. STREET  
MIAMI, FL 33196 US

**FEI Number:** 20-3038435

**Certificate of Status Desired:** No

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

MARTINEZ, ANA V  
15255 SW 140TH. STREET  
MIAMI, FL 33196 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 RPT  
Name MARTINEZ, ANA V  
Address 15255 SW 140TH. STREET  
City-State-Zip: MIAMI FL 33196

*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:** ANA V MARTINEZ

RPT

04/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date