

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031700

Entity Name: HANDS ON REHAB, CORP.

Current Principal Place of Business:

8490 SW 2ND STREET
MIAMI, FL 33144

Current Mailing Address:

8490 SW 2ND STREET
MIAMI, FL 33144 US

FEI Number: 01-0860579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, NOMAR
8490 SW 2ND STREET
MIAMI, FL 33144 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 PRESIDENT, CEO
Name SANCHEZ, NOMAR
Address 8490 SW 2ND STREET
City-State-Zip: MIAMI FL 33144

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: NOMAR SANCHEZ

CEO

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date