

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116364

**Entity Name:** ACE MEDICAL & REHAB CENTER INC

**Current Principal Place of Business:**

3990 W FLAGLER ST #101  
MIAMI, FL 33134

**Current Mailing Address:**

3990 W FLAGLER STREET  
#102  
MIAMI, FL 33134 US

**FEI Number:** 20-5512295

**Certificate of Status Desired:** Yes

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

GONZALEZ, YANSET  
8095 NW 8TH ST #205  
MIAMI, FL 33126 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 P  
Name TOLEDO, YANIRMA  
Address 3990 W FLAGLER ST #101  
City-State-Zip: MIAMI FL 33134

*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:** YANIRMA TOLEDO

**PRESIDENT**

**02/03/2021**

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

\_\_\_\_\_  
Date