

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000028275

**Entity Name:** COMPREHENSIVE REHAB CENTER, INC.

**Current Principal Place of Business:**

5530 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**Current Mailing Address:**

5530 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**FEI Number:** 20-8603443

**Certificate of Status Desired:** No

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

FATEN, MALAK N  
5530 LAKE HOWELL ROAD  
WINTER PARK, FL 32792 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	Title	VP
Name	MALAK, FATEN N	Name	ATTALLAH, STEVEN MVP
Address	5530 LAKE HOWELL ROAD	Address	5530 LAKE HOWELL RD.
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792

*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:** STEVEN ATTALLAH

VP

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date