

2014 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 M ATTALLAH

VP

01/11/2014

Electronic Signature of Signing Officer/Director Detail

Date