

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000036204

**Entity Name:** SULLI REHABILITATION, INC.

**Current Principal Place of Business:**

3642 NE 171 ST #502  
N MIAMI BEACH, FL 33160

**Current Mailing Address:**

3642 NE 171 ST #502  
N MIAMI BEACH, FL 33160

**FEI Number:** 26-2381308

**Certificate of Status Desired:** No

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

SULLIVAN, JOHN  
3642 NE 171 ST #502  
N MIAMI BEACH, FL 33160 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 SULLIVAN, JOHN  
Address 3642 NE 171 ST #502  
City-State-Zip: N MIAMI BEACH FL 33160

*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:** JOHN SULLIVAN

**PRESIDENT**

**02/10/2014**

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

\_\_\_\_\_  
Date