

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000656

Entity Name: SANDLER REHAB SERVICES , INC.**Current Principal Place of Business:**950 PENINSULA CORPORATE CIRCLE
1014
BOCA RATON, FL 33487**Current Mailing Address:**950 PENINSULA CORPORATE CIRCLE
1014
BOCA RATON, FL 33487 US**FEI Number:** 80-0325216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDLER, JANET L
950 PENINSULA CORPORATE CIRCLE
1014
BOCA RATON, FL 33487 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	SANDLER, JANET L
Address	950 PENINSULA CORPORATE CIRCLE 1014
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	SANDLER, JANET L
Address	950 PENINSULA CORPORATE CIRCLE 1014
City-State-Zip:	BOCA RATON FL 33487

Title	SEC.
Name	SANDLER, JANET L
Address	950 PENINSULA CORPORATE CIRCLE 1014
City-State-Zip:	BOCA RATON FL 33487

Title	TR.
Name	SANDLER, JANET L
Address	950 PENINSULA CORPORATE CIRCLE 1014
City-State-Zip:	BOCA RATON FL 33487

Title	AUTHORIZED REPRESENTATIVE
Name	SUVALL, VICTOR
Address	950 PENINSULA CORPORATE CIRCLE 1014
City-State-Zip:	BOCA RATON FL 33487

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: VICTOR B. SUVALL**AUTHORIZED
REPRESENTATIVE****01/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date