

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000656

**Entity Name:** SANDLER REHAB SERVICES , INC.

**Current Principal Place of Business:**

551 NW 77TH ST  
111  
BOCA RATON, FL 33487

**Current Mailing Address:**

551 NW 77TH ST  
111  
BOCA RATON, FL 33487 US

**FEI Number:** 80-0325216

**Certificate of Status Desired:** No

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

SANDLER, JANET L  
3154 NW 61ST STREET  
BOCA RATON, FL 33496 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 551 NW 77TH ST  
111  
City-State-Zip: BOCA RATON FL 33487

Title SEC.  
Name SANDLER, JANET L  
Address 551 NW 77TH ST  
111  
City-State-Zip: BOCA RATON FL 33487

Title TR.  
Name SANDLER, JANET L  
Address 551 NW 77TH ST  
111  
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED REPRESENTATIVE  
Name SUVALL, VICTOR  
Address 551 NW 77TH ST  
111  
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 SUVALL

**AUTHORIZED  
REPRESENTATIVE**

**01/15/2020**

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

\_\_\_\_\_  
Date