

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024693

Entity Name: FORT LAUDERDALE SPINE AND REHAB CENTER, INC.

Current Principal Place of Business:

3524 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069

Current Mailing Address:

3524 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069 US

FEI Number: 26-4672722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OHEARN, JAMES J
1991 SOUTH KANNER HIGHWAY
STUART, FL 34994 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 KIRSCHNER, RONALD D.C.
Address 2310 N.W. 95TH TERRACE
City-State-Zip: CORAL SPRINGS FL 33065

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: RONALD KIRSCHNER D.C.

PRESIDENT

04/30/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date