## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084944

Entity Name: FUNCTIONAL REHAB INC

**Current Principal Place of Business:** 

123 US 27., S.

LAKE PLACID. FL 33852

**Current Mailing Address:** 

123 US 27., S.

LAKE PLACID. FL 33852 US

FEI Number: 27-1184109 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

FILED Apr 22, 2015

**Secretary of State** 

CC5657831887

Officer/Director Detail:

Title PVST Title D

Name VILLAMOR, NOSTER Name VILLAMOR, NOSTER

Address 123 US 27., S. Address 123 US 27., S.

City-State-Zip: LAKE PLACID FL 33852 City-State-Zip: LAKE PLACID FL 33852

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.