# 2013 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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US Certificate of Status Desired: No

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

#### 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.

PRESIDENT

04/21/2013 Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 21, 2013 Secretary of State CC1559666244