YANCE, LUIS 3412 W 84TH S HIALEAH, FL 3			
The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flori
SIGNATURE	: LUIS YANCE		
	Electronic Signature of Registered Agent		
Officer/Dired	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	CARBONELL, ALEXEI	Name	YANCE, LUIS

Address

3412 W 84TH ST UNIT E106 HIALEAH, FL 33018

DOCUMENT# P10000011420

Entity Name: D & D REHAB CENTER, INC.

**Current Principal Place of Business:** 

## **Current Mailing Address:**

3412 W 84TH ST UNIT E106 HIALEAH. FL 33018 US

## FEI Number: 27-1913437

## Name and Address of Current Registered Agent:

3412 W 84TH ST UNIT E106

YANCE, LUIS 3412 W HIALEAH

City-State-Zip: HIALEAH FL 33018

Address

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: LUIS YANCE	ADMIN
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Certificate of Status Desired: No

3412 W 84TH ST UNIT E106

City-State-Zip: HIALEAH FL 33018

04/24/2024

Date

## FILED Apr 24, 2024 Secretary of State 3051093335CC

04/24/2024 Date

Electronic Signature of Signing Officer/Director Detail