

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015801

Entity Name: CRYSTAL CARE REHABILITATION, INC.

Current Principal Place of Business:

5145 SW 99 AVE
MIAMI, FL 33165

Current Mailing Address:

5145 SW 99 AVE
MIAMI, FL 33165 US

FEI Number: 27-1962396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NARDO, MILAYDIS
5145 SW 99 AVE
MIAMI, FL 33165 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 NARDO, MILAYDIS
Address 5145 SW 99 AVE
City-State-Zip: MIAMI FL 33165

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: MILAYDIS NARDO

PRESIDENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date