

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000016707

**Entity Name:** FAMILY CARE REHAB GROUP CORP.

**Current Principal Place of Business:**

3663 SW 8 ST SUITE 214  
MIAMI, FL 33135

**Current Mailing Address:**

3663 SW 8 ST SUITE 214  
MIAMI, FL 33135

**FEI Number:** 80-0552625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALMAGUER, MANUEL F  
3663 SW 8 ST SUITE 214  
MIAMI, FL 33135 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:** MANUEL F ALMAGUER

04/12/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALMAGUER, MANUEL F  
Address        3663 SW 8 ST. SUITE 214  
City-State-Zip: MIAMI FL 33135

*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:** MANUEL F. ALMAGUER

PRESIDENT

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date