

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000022276

Entity Name: DYNAMIC THERAPY AND REHABILITATION CENTER INC

Current Principal Place of Business:

9370 SW 72ND ST
SUITE A212
MIAMI, FL 33170

Current Mailing Address:

9370 SW 72ND ST
SUITE A212
MIAMI, FL 33170 US

FEI Number: 90-0542891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONZO, LUIS
3904 N.W. 167 STR.
MIAMI GARDENS, FL 33054 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 PD
Name ALONZO, LUIS
Address 9370 SW 72ND ST
SUITE A212
City-State-Zip: MIAMI FL 33170

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: LUIS ALONZO JR.

OWNER

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date