

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000031425

Entity Name: S&P PHYSICAL THERAPY CORP

Current Principal Place of Business:

15695 NW 5 ST
PEMBROKE PINE, FL 33028

Current Mailing Address:

15695 NW 5 ST
PEMBROKE PINE, FL 33028

FEI Number: 27-2319414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUIMARES ACCOUNTING SERVICES CORP
15461 SW 137 CT
MIAMI, FL 33177 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 CHARLES, SOLANGE
Address 15695 NW 5 ST
City-State-Zip: PEMBROKE PINE FL 33028

Title VP
Name GONZALEZ, PABLO A
Address 15695 NW 5ST
City-State-Zip: PEMBROKE PINE FL 33028

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: SOLANGE CHARLES

P

01/15/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date