

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000009116

**Entity Name:** TO LIFE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

17275 COLLINS AVENUE #308  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17275 COLLINS AVENUE #308  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 27-4697562

**Certificate of Status Desired:** No

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

SUGAR, MICHAEL  
17275 COLLINS AVENUE #308  
SUNNY ISLES BEACH, FL 33160 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 DR  
Name SUGAR, MICHAEL  
Address 17275 COLLINS AVENUE #308  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MR  
Name SUGAR, LESLIE  
Address 17275 COLLINS AVENUE #308  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MR  
Name SUGAR, ROBERT  
Address 17275 COLLINS AVENUE #308  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name FISCHMAN, OLIVIA  
Address 17275 COLLINS AVENUE #308  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: MICHAEL SUGAR**

**PRESIDENT**

**01/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date