

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011640

**Entity Name:** MS MEDICAL REHAB CORPORATION

**Current Principal Place of Business:**

8390 W FLAGLER ST  
SUITE 206  
MIAMI, FL 33144

**Current Mailing Address:**

8390 W FLAGLER ST  
SUITE 206  
MIAMI, FL 33144 US

**FEI Number:** 27-4784243

**Certificate of Status Desired:** No

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

NODARSE, RAFAEL CAPOTE  
8390 W FLAGLER ST  
SUITE 206  
MIAMI, FL 33144 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:** RAFAEL NODARSE

04/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NODARSE, RAFAEL CAPOTE  
Address        8390 W FLAGLER ST  
                 SUITE 206  
City-State-Zip: MIAMI FL 33144

*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:** RAFAEL CAPOTE NODARSE

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date