

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000011640

Entity Name: MS MEDICAL REHAB CORPORATION

Current Principal Place of Business:

4011 W FLAGLER ST
SUIT 406
CORAL GABLES, FL 33134

Current Mailing Address:

4011 WEST FLAGLER ST
SUIT 406
CORAL GABLES, FL 33134 US

FEI Number: 27-4784243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERO LLANES, EDUARCO
4011 WEST FLAGLER ST
SUITE 406
CORAL GABLES, FL 33134 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 RIVERO LLANES, EDUARDO
Address 4011 W FLAGLER STREET,
SUIT 406
City-State-Zip: CORAL GABLES FL 33134

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: RIVERO LLANES EDUARDO

P

04/29/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date