

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000035469

Entity Name: RELAXING REHAB CENTER INC

Current Principal Place of Business:

8180 NW 36 ST
417
DORAL, FL 33166

Current Mailing Address:

8180 NW 36 ST
417
DORAL, FL 33166 US

FEI Number: 45-1779883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAEZ, DEYVIS
8180 NW 36 ST
417
DORAL, FL 33166 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: DEYVIS BAEZ

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BAEZ, DEYVIS
Address 8180 NW 36 ST
417
City-State-Zip: DORAL FL 33166

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: DEYVIS BAEZ

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date