

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000038550

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**7230983185CC**

**Entity Name:** INSTITUTE OF REHABILITATION EDUCATION AND TRAINING, INC.

**Current Principal Place of Business:**

14260 WEST NEWBERRY ROAD  
#239  
NEWBERRY, FL 32669

**Current Mailing Address:**

14260 WEST NEWBERRY ROAD  
#239  
NEWBERRY, FL 32669 US

**FEI Number: 47-3479364**

**Certificate of Status Desired: No**

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

POMERANZ, JAMIE L  
14260 WEST NEWBERRY ROAD  
#239  
NEWBERRY, FL 32669 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: JAMIE POMERANZ**

**02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            POMERANZ, JAMIE L  
Address        13117 SW 6TH AVE  
City-State-Zip: NEWBERRY FL 32669

Title            CFO  
Name            YU, NAMI  
Address        10827 NW 18TH COURT  
City-State-Zip: GAINESVILLE FL 32606

*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: NAMI YU**

**CFO**

**02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date