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 appear above, or on an attachment with all other like empowered.						
SIGNATURE: NAMI YU	CFO	04/23/2019				

SIGNATURE:	NAMI YU

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000038550

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

Name and Address of Current Registered Agent:

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

City-State-Zip: NEWBERRY FL 32669

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.

	•		5 5	0	u			
SIGNATURE:	JAMIE POMERANZ					04/23/2019		
	Electronic Signature of Reg	istered Agent				Date		
Officer/Director Detail :								
Title C	CEO		-	Title	CFO			
Name F	POMERANZ, JAMIE L		I	Name	YU, NAMI			
Address 1	13117 SW 6TH AVE		,	Address	10827 NW 18TH COURT			

Certificate of Status Desired: No

City-State-Zip: GAINESVILLE FL 32606

FILED Apr 23, 2019 Secretary of State 3413652078CC