

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000075073

**Entity Name:** MED THERAPY & REHAB CENTER INC.

**Current Principal Place of Business:**

175 FONTAINEBLEAU BLVD  
SUITE 2-A3  
MIAMI, FL 33172-7013

**Current Mailing Address:**

175 FONTAINEBLEAU BLVD  
SUITE 2-A3  
MIAMI, FL 33172-7013 US

**FEI Number:** 81-3874245

**Certificate of Status Desired:** No

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

LEON, CINDRY  
2500 SW 107TH AVE  
SUITE 49  
MIAMI, FL 33165 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 LEON, CINDRY  
Address 175 FONTAINEBLEAU BLVD  
SUITE 2-A3  
City-State-Zip: MIAMI FL 33172-7013

*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:** CINDRY LEON

**PRESIDENT**

**02/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date