

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000005453

**Entity Name:** 1ST RESPONSE REHAB, INC

**Current Principal Place of Business:**

203 KINGSWAY RD.  
SUITE A  
BRANDON, FL 33510

**Current Mailing Address:**

203 KINGSWAY RD.  
SUITE A  
BRANDON, FL 33510 US

**FEI Number:** 81-3495603

**Certificate of Status Desired:** No

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

EVENSTEIN, SAMUEL  
203 KINGSWAY RD.  
SUITE A  
BRANDON, FL 33510 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 EVENSTEIN, SAMUEL  
Address 203 KINGSWAY RD.  
SUITE A  
City-State-Zip: BRANDON FL 33510

*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:** SAMUEL EVENSTEIN

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date