

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000019355

**Entity Name:** H&S REHABILITATION CENTER, INC

**Current Principal Place of Business:**

8140 W WATERS AVE  
UNIT D  
TAMPA, FL 33615

**Current Mailing Address:**

8140 W WATERS AVE  
UNIT D  
TAMPA, FL 33615

**FEI Number:** 82-0669893

**Certificate of Status Desired:** No

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

SUAREZ, GUILLERMO  
8140 W WATERS AVE  
UNIT D  
TAMPA, FL 33615 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	Title	VP
Name	SUAREZ, GUILLERMO	Name	HUMPIERRE, RODOLFO
Address	8140 W WATERS AVE	Address	8140 W WATERS AVE
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615

*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:** SUAREZ GUILLERMO

**PRESIDENT**

**03/05/2018**

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

\_\_\_\_\_  
Date