

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083613

Entity Name: 1ST RESPONSE REHAB CENTER INC.

Current Principal Place of Business:

4511 N. ARMENIA AVE
TAMPA, FL 33603

Current Mailing Address:

4511 N. ARMENIA AVE
TAMPA, FL 33603 US

FEI Number: 82-3132499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLANAGAN, PATRICK K CPA
10403 NEWPORT CIRCLE
TAMPA, FL 33612 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 8164 VILLA GRANDE CT
City-State-Zip: SARASOTA FL 34243

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

P

05/01/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date