

**2018 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

MGR

05/01/2018

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

\_\_\_\_\_ Date