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.

D

SIGNATURE: SMITH RENE

FEI Number: 83-0673751

DOCUMENT# P18000030914

1221 WEST COLONIAL DR

Current Mailing Address: 1221 W. COLONIAL DR

ORLANDO, FL 32804 US

ORLANDO, FL 32804

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104

Current Principal Place of Business:

Name and Address of Current Registered Agent:

VITAL, WILL L 851 KÁZAROS CIRCLE OCOEE, FL 34761 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

Officer/Director Detail :

Title Р SMITH, RENE Name 356 SOUTH HART BLVD Address City-State-Zip: ORLANDO FL 32855

Entity Name: ORLANDO COMPREHENSIVE HEALTH & REHAB, INC.

FILED Jul 21, 2020 Secretary of State 7966298739CC

Date

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date

07/21/2020