

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000030914

Entity Name: ORLANDO COMPREHENSIVE HEALTH & REHAB, INC.

Current Principal Place of Business:

1221 WEST COLONIAL DR
104
ORLANDO, FL 32804

Current Mailing Address:

P.O.BOX 551439
ORLANDO, FL 32855

FEI Number: 83-0673751

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VITAL, WILL L
851 KAZAROS 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

_____ Date

Officer/Director Detail :

Title P
Name ALPERT, MARTIN J DR.
Address 10981 LAKEMORE LANE
SUITE C
City-State-Zip: BOCA RATON FL 33498

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: DR. MARTIN J. ALPERT

PRESIDENT

03/29/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date