

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000069738

**Entity Name:** PHYSICAL INJURY AND REHAB CENTER INC

**Current Principal Place of Business:**

324 WEST OAK STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

324 WEST OAK STREET  
KISSIMMEE, FL 34741 US

**FEI Number: 83-1575418**

**Certificate of Status Desired: No**

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

JUGO, MICHAEL  
324 WEST OAK STREET  
KISSIMMEE, FL 34741 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	V
Name	JUGO, MICHAEL	Name	ZIEBELMAN, MICHAEL
Address	324 W. OAK ST	Address	324 W. OAK ST
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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: MICHAEL JUGO**

**P**

**02/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date