

2019 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

PRESIDENT

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date