

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000051915

**Entity Name:** COMPREHENSIVE REHABILITATION INSTITUTE INC

**Current Principal Place of Business:**

1201 SW 141 AVE  
409  
HOLLYWOOD, FL 33027

**Current Mailing Address:**

1201 SW 141 AVE  
409  
HOLLYWOOD, FL 33027

**FEI Number:** 65-0774561

**Certificate of Status Desired:** No

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

GLAUSER, STUART H  
1771 NE 162 STREET  
NORTH MIAMI BEACH, FL 33162 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 GLUCK, BEVERLEE  
Address 1201 SW 141 AVE 409  
City-State-Zip: PEMBROKE PINES FL 33027

*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: BEVERLEE GLUCK**

**PRESIDENT**

**08/30/2021**

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

\_\_\_\_\_  
Date