

2022 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

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date