

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000866

Entity Name: CARE PLUS INJURY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1730 NE 199 ST
MIAMI, FL 33179

Current Mailing Address:

1730 NE 199 ST
MIAMI, FL 33179 US

FEI Number: 65-0374847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WENDROW, MICHAEL S
1730 NE 199 ST
MIAMI, FL 33179 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 PSTD
Name WENDROW, MICHAEL S
Address 1730 NE 199 ST
City-State-Zip: MIAMI FL 33179

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 WENDROW

OWNER

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date