

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000866

Entity Name: CARE PLUS INJURY REHABILITATION CENTER, INC.

Current Principal Place of Business:

16100 NE 16 AVENUE
STE B
N MIAMI BEACH, FL 33162

Current Mailing Address:

16100 NE 16 AVENUE
STE B
N MIAMI BEACH, FL 33162 US

FEI Number: 65-0374847

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WENDROW, MICHAEL S
16100 NE 16 AVENUE
STE B
N 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 PSTD
Name WENDROW, MICHAEL S
Address 16100 NE 16 AVENUE
City-State-Zip: NORTH MIAMI FL 33161

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 S. WENDROW

PRESIDENT

03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date