

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000866

**Entity Name:** CARE PLUS INJURY REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1125 NE 125 ST.  
STE 100  
N. MIAMI, FL 33161

**Current Mailing Address:**

1125 NE 125 ST.  
STE 100  
N. MIAMI, FL 33161 US

**FEI Number:** 65-0374847

**Certificate of Status Desired:** Yes

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

WENDROW, MICHAEL S  
1125 NE 125TH ST.  
STE. 100  
NORTH MIAMI, FL 33161 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 1125 NE 125TH ST., STE. 100  
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:** DR. MICHAEL S. WENDROW

**PRESIDENT**

**03/22/2019**

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

\_\_\_\_\_  
Date