

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056048

Entity Name: PHOENIX REHABILITATION CORPORATION

Current Principal Place of Business:

4546 AMBLEWOOD CT.
PACE, FL 32571

Current Mailing Address:

4546 AMBLEWOOD CT.
PACE, FL 32571 US

FEI Number: 59-3260341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLESPIE, LESLIE
4546 AMBLEWOOD CT.
PACE, FL 32571 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: LESLIE GILLESPIE

05/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GILLESPIE, LESLIE A
Address 4646 AMBLEWOOD CT
City-State-Zip: PACE FL 32571

Title OTHER, AUTHORIZED REPRESENTATIVE
Name GILLESPIE, RUSSELL
Address 4546 AMBLEWOOD CT.
City-State-Zip: PACE FL 32571

Title OTHER, AUTHORIZED REPRESENTATIVE
Name WICKHAM, AISLYNN
Address 6263 LADERA TRAIL
City-State-Zip: PACE FL 32571

Title OTHER, AUTHORIZED REPRESENTATIVE
Name WICKHAM, JESSE
Address 6263 LADERA TRAIL
City-State-Zip: PACE FL 32571

Title OTHER, AUTHORIZED REPRESENTATIVE
Name CONSALVO, JENNIFER
Address 105 TRADITIONS BOULEVARD
City-State-Zip: ANDERSON SC 29625

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: LESLIE GILLESPIE

DIRECTOR

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date