

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000313

Entity Name: FUNCTIONAL REHABILITATION, INC.

Current Principal Place of Business:

3416 SOUTH FEDERAL HWY
SUITE B
DELRAY BEACH, FL 33483

Current Mailing Address:

3416 SOUTH FEDERAL HWY
SUITE B
DELRAY BEACH, FL 33483 US

FEI Number: 65-0719947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POMPILE, DOMENIC J
3416 SOUTH FEDERAL HWY
SUITE B
DELRAY BEACH, FL 33483 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 PTD
Name POMPILE, DOMENIC J
Address 3416 SOUTH FEDERAL HWY
SUITE B
City-State-Zip: DELRAY BEACH FL 33483

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: DOMENIC J POMPILE

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date