

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000313

**Entity Name:** FUNCTIONAL REHABILITATION, INC.

**Current Principal Place of Business:**

7491 N FEDERAL HWY  
SUITE C- 16 AND C-17  
BOCA RATON, FL 33487

**Current Mailing Address:**

7491 N FEDERAL HWY  
SUITE C- 16 AND C-17  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0719947

**Certificate of Status Desired:** No

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

POMPILE, DOMENIC J  
6987 NW 3RD AVE  
BOCA RATON, FL 33487 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 6987 NW 3RD AVE  
City-State-Zip: BOCA RATON FL 33487

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**

**03/02/2023**

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

\_\_\_\_\_  
Date