

**2020 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**

**04/30/2020**

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

\_\_\_\_\_  
Date