

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010646

Entity Name: HEALTH REHAB PLUS, INC.

Current Principal Place of Business:

1844 N UNIVERSITY DRIVE
SUITE #100
CORAL SPRINGS, FL 33071

Current Mailing Address:

1844 N UNIVERSITY DRIVE
SUITE #100
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0774692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PILLON, ELMER
1844 N. UNIVERSITY DRIVE
#100
CORAL SPRINGS, FL 33071 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 D, P
Name PILLON, ELMER J
Address 1844 N UNIVERSITY DRIVE, SUITE
 #100
City-State-Zip: CORAL SPRINGS FL 33071

Title D,S
Name WEXLER, LUCAS I
Address 1844 N UNIVERSITY DRIVE, SUITE
 #100
City-State-Zip: CORAL SPRINGS FL 33071

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: LUCAS WEXLER

DIRECTOR

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date