

**2024 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

**CEO**

**01/09/2024**

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

\_\_\_\_\_  
Date