

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED
May 01, 2015
Secretary of State
CC4166526841

Entity Name: MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CENTER, INC.

Current Principal Place of Business:

5401 CONGRESS AVE
SUITE #105
ATLANTIS, FL 33462

Current Mailing Address:

5700 LAKE WORTH ROAD
SUITE #204
LAKE WORTH, FL 33463 US

FEI Number: 65-0793195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROMBOM, ELIZABETH CEO
5700 LAKE WORTH RD
SUITE 204
LAKE WORTH, FL 33463 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: ELIZABETH STROMBOM

05/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name LEVIN, ROBERT MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title 2ND VP, DIRECTOR
Name TOME, ROBERT M.D.
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title CEO
Name STROMBOM, ELIZABETH
Address 5700 LAKE WORTH ROAD, #204
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER, DIRECTOR
Name BERKMAN, ANDREW MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title D
Name BOYLE, THOMAS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title D
Name HERON, JAMES MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT, DIRECTOR
Name LIRA, CARLOS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY, DIRECTOR
Name SANCHEZ, CARLOS MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

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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: ELIZABETH STROMBOM

CEO

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHERNOBELSKY, ALEXANDER MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name VON SOHSTEN, ROBERTO MD
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463

Title CFO
Name MANCUSI, ANGELA
Address 5700 LAKE WORTH ROAD
SUITE #204
City-State-Zip: LAKE WORTH FL 33463