

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000096525

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC7876666126**

**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**

**04/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title TREASURER, DIRECTOR  
Name VON SOHSTEN, ROBERTO 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**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WEINER, ERIC MD  
Address 5700 LAKE WORTH ROAD  
SUITE #204  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name SHERMAN, FREDERICK MD  
Address 5700 LAKE WORTH ROAD  
SUITE #204  
City-State-Zip: LAKE WORTH FL 33467