

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096525

FILED
Apr 28, 2017
Secretary of State
CC6995975240

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

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT, DIRECTOR
Name HERON, JAMES 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

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

Title SECRETARY, DIRECTOR
Name KRASNER, STEPHEN MD
Address 5401 CONGRESS AVE SUITE #105
City-State-Zip: ATLANTIS FL 33462

Title DIRECTOR
Name TOMÉ, ROBERT MD
Address 5401 CONGRESS AVE SUITE #105
City-State-Zip: ATLANTIS FL 33462

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

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date