

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027408

Entity Name: REAR, INC.**Current Principal Place of Business:**204 E. 19TH STREET
PANAMA CITY, FL 32405**Current Mailing Address:**204 E. 19TH STREET
PANAMA CITY, FL 32405**FEI Number:** 59-3571657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAO, PALEP N
204 E. 19TH STREET
PANAMA CITY, FL 32405 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:** PALEP N RAO

03/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RAO, PALEP N DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	PRESIDENT
Name	RAO, PALEP N DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	REDDY, SUDHAKER C DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	T
Name	ALIBIBI, RIYAD MD
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	SECRETARY
Name	FINLAW, ROBERT M DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	TREASURER
Name	WELLS, CHRISTOPHER D DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	ASST. SECRETARY
Name	REDDY, SHILPA DR.
Address	204 E. 19TH STREET
City-State-Zip:	PANAMA CITY FL 32405

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: PALEP RAO MD**OWNER**

03/02/2020

Electronic Signature of Signing Officer/Director Detail

Date