

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000084834

**Entity Name:** PREFERRED MEDICAL & REHAB. INC.

**Current Principal Place of Business:**

3304 PICO DRIVE  
TAMPA, FL 33614

**Current Mailing Address:**

P. O. BOX 15135  
TAMPA, FL 33684 US

**FEI Number: 59-3545248**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHERY, MARITZA  
3304 PICO DRIVE  
TAMPA, FL 33614 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:** MARITZA CHERY

04/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CHERY, MARITZA  
Address        3304 PICO DRIVE  
City-State-Zip: TAMPA FL 33614

*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:** MARITZA CHERY

PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date