

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084834

Entity Name: PREFERRED MEDICAL & REHAB. INC.

Current Principal Place of Business:

308 E. MARTIN LUTHER KING JR.
D
TAMPA, FL 33603

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, JANETTE
306 WEDGEFIELD PLACE
BRANDON, FL 33510 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CHERY, MARITZA S
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

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date