## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000001815

FILED Feb 09, 2012 Secretary of State

Entity Name: SOUTH FLORIDA REHAB AND EMERGENCY SUPPORT TEAM, INC

Current Principal Place of Business: New Principal Place of Business:

314 EAST DANIA BEACH BLVD

128

**DANIA, FL 33004** 

Current Mailing Address: New Mailing Address:

314 EAST DANIA BEACH BLVD

128

**DANIA, FL 33004** 

FEI Number: 27-1988103 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARRETT, MICHAEL P JR 2835 NW 70 AVE

MARGATE, FL 33063 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

## **OFFICERS AND DIRECTORS:**

Title: P,D

 Name:
 DEJESSE, PETER

 Address:
 341 NW 103 AVE

 City-St-Zip:
 PLANTATION, FL 33324

Title: VP,S

Name: BARRETT, MICHAEL P JR Address: 2835 NW 70 AVE City-St-Zip: MARGATE, FL 33063

Title: T,D Name: ALOI, SAM

Address: 607 EAST DANIA BEACH BLVD.

City-St-Zip: DANIA, FL 33004

Title: D

Name: SCHNEIDER, SCOTT Address: 5769 NW 48 DR

City-St-Zip: CORAL SPRINGS, FL 33067

Title:

 Name:
 O'BERRY, JOHN

 Address:
 3315 NW 67 STREET

 City-St-Zip:
 COCONUT CREEK, FL 33073

Title:

Name: PERRI, ALEX

Address: 6812 DOGWOOD LANE City-St-Zip: MARGATE, FL 33063

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER DEJESSE P 02/09/2012