

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016092

1. Entity Name
REHABILITY OF FLORIDA, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2005 APR 20 AM 10:41

Principal Place of Business
19111 COLLINS AVENUE
3303
SUNNY ISLES BEACH, FL 33160 US

Mailing Address
19111 COLLINS AVENUE
3303
SUNNY ISLES BEACH, FL 33160 US



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3895089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEYMAN, IGOR
19111 COLLINS AVENUE
3303
SUNNY ISLES BEACH, FL 33160

YOSEF GRUVMAN
19111 COLLINS AVENUE
3303
SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE YOSEF GRUVMAN

04/15/2005
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KLEYMAN, IGOR
19111 COLLINS AVENUE, #3303
SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRINBERG, VYACHESLAV
901 CAROL COURT
WOODMERE, NY 11598

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
YOSEF GRUVMAN
16 SAMANTHA DR.
MORGANVILLE, NJ 07751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000053932440
05/06/05--01007--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOSEF GRUVMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2005
Date

Daytime Phone #

JB
4/27