

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725328

Entity Name: PSYCHO-SOCIAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

Current Mailing Address:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

FEI Number: 59-1466709

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH HOEL, ROSEMARY
5711 S DIXIE HWY
S. MIAMI, FL 33143 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: ROSEMARY SMITH HOEL

03/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name GREEN, NANCY
Address 396 ALHAMBRA CIRCLE
SUITE 800
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name KLOMPARENS, AL
Address 9131 SW 19 ST
City-State-Zip: S. MIAMI FL 33156

Title CEO
Name SMITH HOEL, ROSEMARY
Address 5711 S. DIXIE HIGHWAY
City-State-Zip: SOUTH MIAMI FL 33143

Title S, SECRETARY
Name SANTANA, PUBLIO M
Address 9501 SW 45 ST
City-State-Zip: MIAMI FL 33165

Title VICE CHAIRPERSON
Name JEROSLOW, LOUISE
Address 6075 SUNSET DRIVE
SUITE 201
City-State-Zip: SOUTH MIAMI FL 33143

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: ROSEMARY SMITH HOEL

PRESIDENT AND CEO

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date