

**2018 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

02/13/2018

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

*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**

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date