

**2016 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**

**02/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GREEN, NANCY  
Address        100 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title           CHAIRMAN  
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           OTHER  
Name           KREISBERG, IRVING  
Address        251 CRANDON BLVD  
                  #500  
City-State-Zip: KEY BISCAYNE FL 33149

*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**

**02/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date