

2015 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

03/02/2015

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	VC
Name	ASSALONE, JAMES
Address	5100 ADAMS STREET
City-State-Zip:	HOLLYWWOD FL 33021

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	SECRETARY
Name	KREISBERG, IRVING
Address	251 CRANDON BLVD APT #500
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIRECTOR
Name	SANTANA, PUBLIO M
Address	5711 S. DIXIE HIGHWAY
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

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date