

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601005

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**5390424367CC**

**Entity Name:** REHABILITATION AND ELECTRODIAGNOSTICS  
PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2914 N. BOULEVARD  
TAMPA, FL 33602-1208

**Current Mailing Address:**

2914 N. BOULEVARD  
TAMPA, FL 33602-1208 US

**FEI Number: 59-1262282**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BATAS, VENERANDO I  
2914 N BOULEVARD  
TAMPA, FL 33602-1208 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: VENERANDO I BATAS**

**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BATAS, VENERANDO IMD  
Address        2914 N. BOULEVARD  
City-State-Zip: TAMPA FL 33602-1208

Title            SECT  
Name            DOMINGUEZ, ROBERTO VMD  
Address        2914 N. BOULEVARD  
City-State-Zip: TAMPA FL 33602-1208

Title            TREA  
Name            KORNBERG, PAUL BMD  
Address        2914 N. BOULEVARD  
City-State-Zip: TAMPA FL 33602-1208

Title            VC  
Name            HAYES, MELINDA H.  
Address        2914 N. BOULEVARD  
City-State-Zip: TAMPA FL 33602-1208

Title            VC  
Name            NUNEZ, RIGOBERTO N.  
Address        2914 N. BOULEVARD  
City-State-Zip: TAMPA FL 33602-1208

*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 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: VENERANDO I. BATAS**

**PRESIDENT**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date