

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601005

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

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**8741737146CC**

**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**

**01/20/2020**

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**

**01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date