

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601005

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

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**9063412215CC**

**Current Principal Place of Business:**

625 E. TWIGGS STREET  
SUITE #103  
TAMPA, FL 33602-3925

**Current Mailing Address:**

625 E. TWIGGS STREET  
SUITE #103  
TAMPA, FL 33602-3925 US

**FEI Number:** 59-1262282

**Certificate of Status Desired:** Yes

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

BATAS, VENERANDO I  
625 E. TWIGGS STREET  
SUITE #103  
TAMPA, FL 33602-3925 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

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name BATAS, VENERANDO IMD  
Address 625 E. TWIGGS ST.  
SUITE #103  
City-State-Zip: TAMPA FL 33602-3925

Title TREA  
Name KORNBERG, PAUL BMD  
Address 625 E. TWIGGS ST.  
SUITE #103  
City-State-Zip: TAMPA FL 33602-3925

Title VP  
Name NUNEZ, RIGOBERTO N.  
Address 625 E. TWIGGS ST.  
SUITE #103  
City-State-Zip: TAMPA FL 33602-3925

Title VC  
Name CARRUTHERS, KADIR JUSTIN  
Address 625 E. TWIGGS STREET  
SUITE #103  
City-State-Zip: TAMPA FL 33602-3925

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:** VICKIE GONZALEZ

**OFFICE ADMINISTRATOR** 04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date