2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2019
Secretary of State
7773421367CC

DOCUMENT# G54257

Entity Name: CENTRAL FLORIDA CLINIC FOR REHABILITATION, INC.

Current Principal Place of Business:

255 SE 7TH AVENUE
STE 2
CRYSTAL RIVER, FL 34429

Current Mailing Address:

255 SE 7TH AVENUE
STE 2
CRYSTAL RIVER, FL 34429 US

FEI Number: 59-2320379

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, MADELINE G.
255 SE 7TH AVENUE
STE 2
CRYSTAL RIVER, FL 34429 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	D
Name	BROWN, MADELINE	Name	BROWN, CHRISTOPHER S
Address	255 SE 7TH AVENUE STE 2	Address	255 SE 7TH AVENUE STE 2
City-State-Zip:	CRYSTAL RIVER FL 34429	City-State-Zip:	CRYSTAL RIVER FL 34429

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: MADELINE BROWN OWNER/ADMINISTRATOR 04/29/2019

Electronic Signature of Signing Officer/Director Detail — Date