

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67196

Entity Name: THE REHABILITATION & HUMAN PERFORMANCE CENTER,
INCORPORATED

Current Principal Place of Business:

4820 NEWBERRY RD
GAINESVILLE, FL 32607

Current Mailing Address:

4035 NW 43RD STREET
GAINESVILLE, FL 32606 US

FEI Number: 59-2798616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLINE, MICHAEL
4035 NW 43RD STREET
GAINESVILLE, FL 32606 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: MICHAEL KLINE

02/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PS
Name CIRULLI, JOSEPH
Address 4035 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32606

Title D
Name CIRULLI, JOSEPH
Address 4035 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32606

Title TD
Name KLINE, MICHAEL C
Address 4035 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32606

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: MICHAEL KLINE

TD

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date