

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103353

Entity Name: HEALTH CARE FAMILY REHABILITATION CORP.

Current Principal Place of Business:

5901 NW 183 ST, STE 311
MIAMI, FL 33015

Current Mailing Address:

5901 NW 183 ST
311
MIAMI, FL 33015 US

FEI Number: 65-1153703

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALFONSO, JANNY
5901 NW 183 ST
311
MIAMI, FL 33015 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
Name ALFONSO, JANNY
Address 5901 NW 183 ST
311
City-State-Zip: MIAMI FL 33015

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: JANNY ALFONSO

PRESIDENT

01/02/2025

Electronic Signature of Signing Officer/Director Detail

Date