

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000049235

**Entity Name:** THERAPY MEDICAL REHABILITATION CORP.

**Current Principal Place of Business:**

1840 WEST 49TH ST.,  
SUITE #607  
HIALEAH, FL 33012

**Current Mailing Address:**

1840 WEST 49TH ST.,  
SUITE #607  
HIALEAH, FL 33012 US

**FEI Number:** 80-0460489

**Certificate of Status Desired:** No

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

OBREGON, MARTA  
1840 WEST 49 ST.  
STE 607  
HIALEAH, FL 33012 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:** JOSE M. PAULA

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OBREGON, MARTA  
Address 1840 WEST 49 ST.  
STE 607  
City-State-Zip: HIALEAH FL 33012

*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:** MARTA OBREGON

PRESIDENT

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date