

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000049235

Entity Name: THERAPY MEDICAL REHABILITATION CORP.

Current Principal Place of Business:

1840 WEST 49TH ST.,
SUITE #404
HIALEAH, FL 33012

Current Mailing Address:

1840 WEST 49TH ST.,
SUITE #404
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 404
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

09/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OBREGON, MARTA
Address 1840 WEST 49 ST.
STE 404
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: OBREGON , MARTA

P

09/18/2023

Electronic Signature of Signing Officer/Director Detail

Date