

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016043

Entity Name: COMPLETE REHAB SOLUTIONS, INC.

Current Principal Place of Business:

5011 NW 125TH AVENUE
CORAL SPRINGS, FL 33076

Current Mailing Address:

5011 NW 125TH AVENUE
CORAL SPRINGS, FL 33076

FEI Number: 90-0138032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALHANTI, BRIAN E
5011 NW 125TH AVENUE
CORAL SPRINGS, FL 33076 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: BRIAN ALHANTI

04/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ALHANTI, BRIAN E
Address 5011 NW 125TH AVENUE
City-State-Zip: CORAL SPRINGS FL 33076

Title VD
Name ALHANTI, ELIZABETH G
Address 5011 NW 125TH AVENUE
City-State-Zip: CORAL SPRINGS FL 33076

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: ALHANTI , BRIAN E

PD

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date