

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039689

Entity Name: DOCTOR FLORIDA REHABILITATION, INC.

Current Principal Place of Business:

C/O ALEJANDRO RUIZ CALZADILLA
10507 OUT ISLAND DR
TAMPA, FL 33615

Current Mailing Address:

C/O ALEJANDRO RUIZ CALZADILLA
10507 OUT ISLAND INC
TAMPA, FL 33615

FEI Number: 20-0801505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALZADILLA, ALEJANDRO R
10507 OUT ISLAND INC
TAMPA, FL 33615 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 CALZADILLA, ALEJANDRO R
Address 10507 OUT ISLAND INC
City-State-Zip: TAMPA FL 33615

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: ALEJANDRO R CALZADILLA

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date