

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063550

**Entity Name:** PALMETTO LAKES THERAPY & REHABILITATION CENTER INC

**FILED**  
**Feb 11, 2020**  
**Secretary of State**  
**0876302879CC**

**Current Principal Place of Business:**

5803 N.W. 151ST ST  
STE 300  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5803 N.W. 151ST ST  
STE 300  
MIAMI LAKES, FL 33014 US

**FEI Number: 20-2761584**

**Certificate of Status Desired: No**

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

CUNILL, MELISSA  
15720 SW 51 MANOR  
SOUTHWEST RANCHES, FL 33331 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	VP	Title	PRESIDENT
Name	CUNILL, RICHET L	Name	CUNILL, RICHET
Address	15720 SW 51 MANOR	Address	15720 SW 51 MANOR
City-State-Zip:	SOUTHWEST RANCHES FL 33331	City-State-Zip:	SOUTHWEST RANCHES FL 33331

*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: RICHET CUNILL**

**PRESIDENT**

**02/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date