

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052225

**Entity Name:** PACIFIC HEALTH REHABILITATION INC.

**Current Principal Place of Business:**

85 GRAND CANAL DR  
SUITE 209  
MIAMI, FL 33144

**Current Mailing Address:**

85 GRAND CANAL DR  
SUITE 209  
MIAMI, FL 33144

**FEI Number:** 20-4689069

**Certificate of Status Desired:** Yes

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

FERNANDEZ, MADAY  
1419 NW 17 STREET  
HOMESTEAD, FL 33030 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 P  
Name FERNANDEZ, MADAY  
Address 1419 NW 17 STREET  
City-State-Zip: HOMESTEAD FL 33030

*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:** MADAY FERNANDEZ

**PRESIDENT**

**02/18/2015**

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

\_\_\_\_\_  
Date