

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076820

Entity Name: TRI-DIMENSION SPINAL REHAB, INC.

Current Principal Place of Business:

11503 SUMMER HAVEN BLVD NORTH
JACKSONVILLE, FL 32258

Current Mailing Address:

11503 SUMMER HAVEN BLVD NORTH
JACKSONVILLE, FL 32258 US

FEI Number: 13-4335680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERNSTEIN, SHERRY MRS.
19101 MYSTIC POINTE DRIVE
507
AVENTURA, FL 33180 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 PRES
Name BERNSTEIN, AMY EDR.
Address 11503 SUMMER HAVEN BLVD NORTH

City-State-Zip: JACKSONVILLE FL 32258

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: AMY BERNSTEIN

OWNER/DOCTOR

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date