

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000130523

**Entity Name:** PERSONAL REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5124 N ARMENIA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5124 N ARMENIA AVE  
TAMPA, FL 33603 US

**FEI Number:** 20-5693558

**Certificate of Status Desired:** No

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

SANTOS, ARIEL  
5124 N ARMENIA AVE  
TAMPA, FL 33603 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 D  
Name SANTOS, ARIEL  
Address 5124 N ARMENIA AVE  
City-State-Zip: TAMPA FL 33603

*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:** ARIEL SANTOS

P D

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date