

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033395

Entity Name: PALMETTO REHAB CENTER INC.

Current Principal Place of Business:

1840 W. 49 ST.
302
MIAMI, FL 33181

Current Mailing Address:

1840 W. 49 ST.
302
MIAMI, FL 33181

FEI Number: 26-2317335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAFATA, MARTIN
1840 W. 49 ST.
302
MIAMI, FL 33181 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 LAFATA, MARTIN
Address 1840 W. 49 ST., #302
City-State-Zip: MIAMI FL 33181

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: MARTIN LAFATA

PD

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date