

**2014 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

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date