

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081126

Entity Name: FLORIDA CITY REHAB & MEDICAL CENTER, INC

Current Principal Place of Business:

3750 WEST 16 AVE STE: 108
HIALEAH, FL 33012

Current Mailing Address:

3750 WEST 16 AVE STE: 108
HIALEAH, FL 33012

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUE, ROBERTO
1552 W 37 ST
HIALEAH, FL 33012 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 CUE, ROBERTO
Address 1552 W 37 ST
City-State-Zip: HIALEAH FL 33012

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: ROBERTO CUE

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date