

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091682

Entity Name: CENTERLINE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

2146 NE 123RD STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

2146 NE 123RD STREET
NORTH MIAMI, FL 33181 US

FEI Number: 27-1288076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, CRAIG MR
2146 NE 123RD STREET
NORTH 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 PRESIDENT
Name COHEN, CRAIG MR.
Address 2146 NE 123RD STREET
City-State-Zip: NORTH MIAMI FL 33181

Title VP
Name COHEN, RACHEL MRS.
Address 2146 NE 123RD STREET
City-State-Zip: NORTH 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: CRAIG COHEN

PRESIDENT

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date