

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000057077

Entity Name: CORAL PARK REHAB CENTER INC

Current Principal Place of Business:

7815 CORAL WAY
111
MIAMI, FL 33155

Current Mailing Address:

P O BOX 558966
MIAMI, FL 33255 US

FEI Number: 27-3049864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, LILIANA P P
8331 SW 45 ST
MIAMI, FL 33155 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 DP
Name SANCHEZ, LILIANA P
Address 8331 SW 45 ST.
City-State-Zip: MIAMI FL 33155

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: LILIANA P SANCHEZ _____

PRESIDENT

01/25/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date