

2023 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000082267

Entity Name: BRIDGE REHABILITATION THERAPIES, INC.

Current Principal Place of Business:

502 5TH AVE DR E
BRADENTON, FL 34208

Current Mailing Address:

502 5TH AVE DR. E
BRADENTON, FL 34208 US

FEI Number: 27-3647019

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCDONALD, DEXTER
502 5TH AVE DR. E
BRADENTON, FL 34208 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: DEXTER MCDONALD

06/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCDONALD, DEXTER
Address 502 5TH AVE DR E
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR
Name MCDONALD, DEXTRINA P
Address 502 5TH AVE DR. E
City-State-Zip: BRADENTON FL 34208

Title SECRETARY
Name MCDONALD, HERMA
Address 502 5TH AVE DR E
City-State-Zip: BRADENTON FL 34208

Title TREASURER
Name MCDONALD, DEXTER NOEL II
Address 502 5TH AVE DR E
City-State-Zip: BRADENTON FL 34208

Title ASST. SECRETARY
Name MCDONALD, DEXTREL LUCKY
Address 502 5TH AVE DR E
City-State-Zip: BRADENTON FL 34208

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: HERMA MCDONALD

SECRETARY

06/28/2023

Electronic Signature of Signing Officer/Director Detail

Date