

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102892

Entity Name: COMPLETE PHYSICAL THERAPY REHAB SERVICES, INC.

Current Principal Place of Business:

7380 ALLEN DRIVE
HOLLYWOOD, FL 33024

Current Mailing Address:

7380 ALLEN DRIVE
HOLLYWOOD, FL 33024

FEI Number: 27-4386123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CHERYL
7380 ALLEN DRIVE
HOLLYWOOD, FL 33024 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 JONES, CHERYL
Address 7380 ALLEN DRIVE
City-State-Zip: HOLLYWOOD FL 33024

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: CHERYL JONES

P

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date