

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000097862

Entity Name: MMSL REHAB INC

Current Principal Place of Business:

1254 JONAH DR
NORTH PORT, FL 34289

Current Mailing Address:

1254 JONAH DR
NORTH PORT, FL 34289 US

FEI Number: 45-3809059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IANNOTTI, MARK
1254 JONAH DR
NORTH PORT, FL 34289 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 IANNOTTI, MARK
Address 1254 JONAH DR
City-State-Zip: NORTH PORT FL 34289

Title VP
Name IANNOTTI, MARLAINA ORTIZ
Address 1254 JONAH DR
City-State-Zip: NORTH PORT FL 34289

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: MARK IANNOTTI

P

03/06/2025

Electronic Signature of Signing Officer/Director Detail

Date