

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000047225

**Entity Name:** ALLIED HEALTH & REHAB, CO.

**Current Principal Place of Business:**

177 SALEM CT.  
TALLASSEE, FL 32301

**Current Mailing Address:**

177 SALEM CT.  
TALLASSEE, FL 32301 US

**FEI Number: 90-0846453**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHARLES, MARTINE  
177 SALEM COURT  
TALLAHASSEE, FL 32301 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            D  
Name            CHARLES, MARTINE  
Address        177 SALEM CT.  
City-State-Zip: TALLASSEE FL 32301

*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: MARTINE CHARLES**

**DOCTOR/OWNER**

**01/09/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date