

2019 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

MARTINE CHARLES

04/26/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date