

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000097447

Entity Name: AMERLI REHABILITATION CENTER CORP

Current Principal Place of Business:

917 SW 87TH AVE
MIAMI, FL 33174

Current Mailing Address:

917 SW 87TH AVE
MIAMI, FL 33174 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, ERNESTO
917 SW 87TH AVE
MIAMI, FL 33174 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 PEREZ, ERNESTO
Address 917 SW 87TH AVE
City-State-Zip: MIAMI FL 33174

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: PEREZ , ERNESTO

P

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date