

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000004808

Entity Name: ROA REHABILITATION HEALTH SERVICES, INC.

Current Principal Place of Business:

5323 SW 125 AVE
MIRAMAR, FL 33027

Current Mailing Address:

5323 SW 125 AVE
MIRAMAR, FL 33027

FEI Number: 46-1767983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROA, LUIS F
5323 SW 125 AVE
MIRAMAR, FL 33027 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 ROA, LUIS F
Address 5323 SW 125 AVE
City-State-Zip: MIRAMAR FL 33027

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: LUIS F ROA

CEO

01/11/2014

Electronic Signature of Signing Officer/Director Detail

Date