

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044485

**Entity Name:** PROPERTY REHAB SERVICES OF SW FLORIDA INC.

**Current Principal Place of Business:**

1720 NW 21ST. ST.  
CAPE CORAL, FL 33993

**Current Mailing Address:**

1720 NW 21ST. ST.  
CAPE CORAL, FL 33993 US

**FEI Number: 46-2777476**

**Certificate of Status Desired: No**

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

CANO, ELEAZAR E  
1720 NW 21ST. ST.  
CAPE CORAL, FL 33993 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 CEO, CHAIRMAN  
Name CANO, ELEAZAR E.  
Address 1720 NW 17TH ST.  
City-State-Zip: CAPE CORAL FL 33993

Title . TREASURER, VP  
Name AUXILA-CANO, ESTELA M.  
Address 1720 NW @!ST. ST.  
City-State-Zip: CAPE CORAL FL 33993

Title S  
Name ALVAREZ, SILVIA  
Address 3316 17TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name BONILLA, ELVIS  
Address 3316 17TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name FERRERAS, LEONIDAS  
Address 5020 N. TROY ST.  
City-State-Zip: CHICAGO IL 60625

Title AS  
Name FERRERAS, NANCY  
Address 1720 NW 17TH ST.  
City-State-Zip: CAPE CORAL FL 33993

*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: ELEAZAR E. CANO**

**CEO**

**04/22/2015**

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

\_\_\_\_\_  
Date