

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000010137

**Entity Name:** MOVEMENT REHAB INC

**Current Principal Place of Business:**

2527 W 65 ST  
HIALEAH, FL 33016

**Current Mailing Address:**

2527 W 65 ST  
HIALEAH, FL 33016 US

**FEI Number:** 47-2969520

**Certificate of Status Desired:** No

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

RIVERO, ALFREDO  
8814 NW 147 LN  
MIAMI LAKES, FL 33018 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 RIVERO, ALFREDO  
Address 8814 NW 147 LN  
City-State-Zip: MIAMI LAKES FL 33018

*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:** ALFREDO RIVERO

04/28/2016

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

\_\_\_\_\_ Date