

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000038933

Entity Name: CITY REHAB AND WELLNESS, INC.

Current Principal Place of Business:

619A ROSEMARY AVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

619A ROSEMARY AVE
WEST PALM BEACH, FL 33401

FEI Number: 81-1867918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARQUHARSON, EVERLEY
619A ROSEMARY AVE
WEST PALM BEACH, FL 33401 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: EVERLEY FARQUHARSON

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPST
Name FARQUHARSON, EVERLEY
Address 619A ROSEMARY AVE
City-State-Zip: WEST PALM BEACH FL 33401

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: EVERLEY FARQUHARSON

PRES

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date