

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000008633

Entity Name: ONE LIFE REHABCARE MEDICAL CENTER, INC

Current Principal Place of Business:

9100 SW 24TH STREET #7
MIAMI, FL 33165

Current Mailing Address:

9100 SW 24TH STREET #7
MIAMI, FL 33165 US

FEI Number: 81-1453729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, JOSE
9100 SW 24TH STREET #7
MIAMI, FL 33165 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 DIAZ, JOSE
Address 9100 SW 24TH STREET #7
City-State-Zip: MIAMI FL 33165

Title VP
Name BETANCOURT, SUSEL
Address 9100 SW 24TH STREET #7
City-State-Zip: MIAMI FL 33165

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: SUSEL BETANCOURT

VP

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date