

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000016439

**Entity Name:** PRO REHAB GROUP,CORP.

**Current Principal Place of Business:**

4100 S. HOSPITAL DRIVE  
STE 100  
PLANTATION, FL 33317

**Current Mailing Address:**

4100 S. HOSPITAL DRIVE  
STE 100  
PLANTATION, FL 33317

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

WEINER, LAWRENCE D MR  
3190 S. STATE RD 7  
STE 12-B  
MIRAMAR, FL 33324 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            PRES  
Name            HOCHMAN, BRANDON DR  
Address        3190 S STATE ROAD 7 MIRAMAR  
                 PARKWAY  
City-State-Zip: MIRAMAR FL 33023

Title            VP  
Name            WEINER, LAWRENCE DR  
Address        3190 S. STATE RD 7  
City-State-Zip: MIRAMAR FL 33023

*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: LAWRENCE WEINER**

**DR**

**01/12/2018**

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

\_\_\_\_\_  
Date