

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000076410

**Entity Name:** PHYT REHAB OF FLORIDA, INC.

**Current Principal Place of Business:**

171 KINGS HWY  
BROOKLYN, NY 11223

**Current Mailing Address:**

171 KINGS HWY  
BROOKLYN, NY 11223

**FEI Number: 82-3143996**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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            PRESIDENT & CEO  
Name            KLEINMAN, MARTIN  
Address        171 KINGS HWY  
City-State-Zip: BROOKLYN NY 11223

Title            EVP & CFO  
Name            HELFGOTT, DAVID  
Address        171 KINGS HWY  
City-State-Zip: BROOKLYN NY 11223

*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: DAVID HELFGOTT**

**EVP & CFO**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date