

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000039209

Entity Name: REBORN THERAPY CENTER INC

Current Principal Place of Business:

4710 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

Current Mailing Address:

4710 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746 US

FEI Number: 82-5424167

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAMIREZ, EDWIN
4710 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746 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	Title	VP
Name	RAMIREZ, EDWIN	Name	MELENDEZ, CARMEN M
Address	4710 W IRLO BRONSON MEMORIAL HWY	Address	4710 W IRLO BRONSON MEMORIAL HWY
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746

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: EDWIN RAMIREZ

P

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date