

**2021 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:** No

**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

**OWNER**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date