

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035378

Entity Name: OPTIMUM REHAB, INC.

Current Principal Place of Business:

145 MIDDLE ST.
1101
LAKE MARY, FL 32746

Current Mailing Address:

145 MIDDLE ST.
1101
LAKE MARY, FL 32746 US

FEI Number: 59-3237870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUIZ-CORTES, FABIAN A
145 MIDDLE ST.
1101
LAKE MARY, FL 32746 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: FABIAN A. RUIZ-CORTES

01/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR
Name RUIZ-CORTES, FABIAN A
Address 145 MIDDLE ST.
1101
City-State-Zip: LAKE MARY FL 32746

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: FABIAN RUIZ-CORTES

PRESIDENT

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date