

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000034670

**Entity Name:** ELITE HEALTH & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1949 W 68 ST  
HIALEAH, FL 33014

**Current Mailing Address:**

1949 W 68 ST  
HIALEAH, FL 33014 US

**FEI Number: 65-0919396**

**Certificate of Status Desired: No**

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

CONCEPCION, JORGE  
1949 W 68 ST  
HIALEAH, FL 33014 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 DP  
Name CONCEPCION, JORGE L  
Address 1949 W 68 ST  
City-State-Zip: HIALEAH FL 33014

*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: JORGE CONCEPCION**

**PRESIDENT**

**04/10/2015**

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

\_\_\_\_\_  
Date