

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90881

Entity Name: REHABILITATION PHYSICIANS, P.A.

Current Principal Place of Business:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

Current Mailing Address:

1325 SOUTH CONGRESS AVENUE
#208
BOYNTON BEACH, FL 33426

FEI Number: 65-0296151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANAT, MITCHELL
2570 HAMPTON BRIDGE ROAD
DELRAY BEACH, FL 33445 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/S	Title	VP/T
Name	FARBER, JEFFREY	Name	JACOB, LOCHNER
Address	2570 HAMPTON BRIDGE	Address	300 ROYAL PALM WAY
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	PALM BEACH FL 33480

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: JEFFREY FARBER

P

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date