

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90881

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC7011017615**

**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

**PRES**

**02/16/2015**

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

\_\_\_\_\_  
Date