

**2022 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:**

PO BOX 30338  
PALM BEACH GARDENS, FL 33420 US

**FEI Number:** 65-0296151

**Certificate of Status Desired:** No

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

GRANAT, MITCHELL  
901 E CAMINO REAL  
BOCA RATON , FL 33432 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  
Name FARBER, JEFFREY  
Address 1325 SOUTH CONGRESS AVENUE  
#208  
City-State-Zip: BOYNTON BECH FL 33426

*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

04/28/2022

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

\_\_\_\_\_ Date