

2024 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 901 E CAMINO REAL APT 10C
City-State-Zip: BOCA RATON FL 33432

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

02/04/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date