## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003686

Entity Name: KIDS REHAB ACQUISITION, INC.

**Current Principal Place of Business:** 

1515 SUNSET DRIVE SUITE 32

MIAMI, FL 33143

**Current Mailing Address:** 

1515 SUNSET DRIVE SUITE 32

MIAMI, FL 33143 US

FEI Number: 84-2302350 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

Title

Officer/Director Detail:

**PRESIDENT** Title Title **SECRETARY** SETTEMBRINO, JEFF Name Name ALLEN, WILLIAM

Address 1515 SUNSET DRIVE, SUITE 32 Address 5901 SW 74TH STREET

SUITE 210

**DIRECTOR** 

City-State-Zip: MIAMI FL 33143 MIAMI FL 33143 City-State-Zip:

Title DIRECTOR

VAIDIS, OLIVER Name HAYDEN, BRUCE Name

Address 5901 SW 74TH STREET 5901 SW 74TH STREET Address SUITE 210

**SUITE 210** 

City-State-Zip: MIAMI FL 33143 City-State-Zip: MIAMI FL 33143

Title DIRECTOR

Title **DIRECTOR** WILCOP, THOMAS Name Name KUIPER, PATRICK

Address 1515 SUNSET DRIVE 1515 SUNSET DRIVE Address SUITE 32

SUITE 32

MIAMI FL 33143 City-State-Zip:

MIAMI FL 33143 City-State-Zip:

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.

03/09/2023 SIGNATURE: OLIVER VAIDIS DIRECTOR

Date

**FILED** Mar 09, 2023

**Secretary of State** 

5174998630CC