

**2022 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# F16000004391

**Entity Name:** HB OUTPATIENT REHABILITATIVE SERVICES, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 US

**FEI Number:** 81-3748483

**Certificate of Status Desired:** No

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

KWIATEK, KELLY  
303 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 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:** KELLY KWIATEK

03/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C, P  
Name BAER, DOUGLAS M  
Address 3599 UNIVERSITY BLVD S  
City-State-Zip: JACKSONVILLE FL 32216

Title VC, P, S, T  
Name FEASEL, JEFF  
Address 303 N CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title D  
Name PEBURN, ERIC  
Address 303 N CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title D  
Name TABOR, BRITT  
Address 3599 UNIVERSITY BLVD S  
City-State-Zip: JACKSONVILLE FL 32216

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS M. BAER

**PRESIDENT**

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date