

2024 FOREIGN NOT FOR PROFIT CORPORATION 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****02/28/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR, PRESIDENT
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD S
City-State-Zip:	JACKSONVILLE FL 32216

Title	VC, SECRETARY, TREASURER, DIRECTOR
Name	FEASEL, JEFF
Address	303 N CLYDE MORRIS BLVD
City-State-Zip:	DAYTONA BEACH FL 32114

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

Title	DIRECTOR
Name	TINEO, ALBERTO
Address	303 N. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114

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: JEFF FEASEL**VICE CHAIR****02/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date