

2017 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:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD, SUITE 1500
JACKSONVILLE, FL 32207 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 C, P
Name BAER, DOUGLAS M
Address 3599 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

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

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

Title D
Name SPIGAL, MICHAEL
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: JEFF FEASEL

S

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date