

**2018 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: Yes****Name and Address of Current Registered Agent:**PASCOE, BEVERLY A  
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: DOUGLAS M. BAER****CHAIRMAN****04/26/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date