

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Rehab Nexus, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 6574 N State Road 7, #284, Coconut Creek, FL 33073

Name of Agent Designated to Receive Notification of Claimed Infringement: Alan Refaeli

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
6574 N State Road 7, #284, Coconut Creek, FL 33073

Telephone Number of Designated Agent: 954-560-0230

Facsimile Number of Designated Agent: 954-246-0420

Email Address of Designated Agent: abuse@rehabnexus.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 8/17/16

Typed or Printed Name and Title: Alan Refaeli
CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.
*Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

SCANNED
SEP 27 2016
Received
SEP 15 2016
Copyright Office

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