| 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 appea above, or on an attachment with all other like empowered. |                 |            |  |  |
|--|-----------------|------------|--|--|
| SIGNATURE: KELLY JOHANESSEN  | CHIEF OPERATING | 01/07/2014 |  |  |

OFFICER

Electronic Signature of Signing Officer/Director Detail

| 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL R | EPORT |
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DOCUMENT# 716013

### Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

## **Current Principal Place of Business:**

1100 JIMMY ANN DR DAYTONA BCH. FL 32117

### **Current Mailing Address:**

1100 JIMMY ANN DR DAYTONA BCH FL 32117 US

# FEI Number: 23-7026771

## Name and Address of Current Registered Agent:

JOHANESSEN, KELLY A 1100 JIMMY ANN DR DAYTONA BCH, FL 32117 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 A. JOHANESSEN |  |                 |                        | 01/07/2014 |  |  |  |
|--------------------------------|--|-----------------|------------------------|------------|--|--|--|
|                                | Electronic Signature of Registered Agent |                 |                        | Date       |  |  |  |
| Officer/Director Detail :      |  |                 |                        |            |  |  |  |
| Title                          | Ρ  | Title           | CD                     |            |  |  |  |
| Name                           | JOHANESSEN, KELLY                        | Name            | CASEY, BROOKS          |            |  |  |  |
| Address                        | 1100 JIMMY ANN DR.                       | Address         | 1100 JIMMY ANN DR.     |            |  |  |  |
| City-State-Zip:                | DAYTONA BEACH FL 32117                   | City-State-Zip: | DAYTONA BEACH FL 32117 |            |  |  |  |
| Title                          | VD                                       | Title           | D                      |            |  |  |  |
| Name                           | BEST, ED                                 | Name            | MYNCHENBERG, PARKER    |            |  |  |  |
| Address                        | 1100 JIMMY ANN DRIVE                     | Address         | 1100 JIMMY ANN DRIVE   |            |  |  |  |
| City-State-Zip:                | DAYTONA BEACH FL 32117                   | City-State-Zip: | DAYTONA BEACH FL 32117 |            |  |  |  |
| Title                          | SD                                       | Title           | TD                     |            |  |  |  |
| Name                           | MCNEIL, JUANITA                          | Name            | ANNON, FRED JR         |            |  |  |  |
| Address                        | 1100 JIMMY ANN DRIVE                     | Address         | 1100 JIMMY ANN DR      |            |  |  |  |
| City-State-Zip:                | DAYTONA BEACH FL 32117                   | City-State-Zip: | DAYTONA BEACH FL 32117 |            |  |  |  |

## Certificate of Status Desired: No

FILED Jan 07, 2014 **Secretary of State** CC5499597011

Date