

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735399

**Entity Name:** FLORIDA ASSOCIATION OF REHABILITATION FACILITIES, INC.

**Current Principal Place of Business:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 32301-4946

**Current Mailing Address:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 32301-4946 US

**FEI Number:** 59-1640418

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEWELL, SUZANNE  
2475 APACHEE PARKWAY  
STE. 205  
TALLAHASSEE, FL 32301 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 CHAIRMAN  
Name FISHER, JON  
Address 32568 GREENWOOD LOOP  
City-State-Zip: WESLEY CHAPEL FL 33545

Title PRESIDENT  
Name SEWELL, SUZANNE  
Address 2475 APALACHEE PKWY, STE. 205  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name HALL, PHILLIP  
Address 1949 COMMONWEALTH LANE  
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY  
Name DEVANE, STEVEN  
Address P.O. BOX 220036  
City-State-Zip: GLENWOOD FL 32722-0036

Title PARLIAMENTARIAN  
Name BOWER, CLINT  
Address 151 NE 62ND STREET  
City-State-Zip: MIAMI FL 33138

*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:** SUZANNE SEWELL

**PRESIDENT AND CEO**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date