

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748474

**Entity Name:** ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.**Current Principal Place of Business:**3075 N.W. 35TH AVENUE  
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**3075 N.W. 35TH AVENUE  
LAUDERDALE LAKES, FL 33311**FEI Number: 59-1945163****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK  
110 MERRICK WAY, SUITE3-B  
CORAL GABLES, FL 33134 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	VCSD
Name	WORLEY, ELIZABETH A
Address	C/O 9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	P
Name	CATANIA, JOSEPH M
Address	291 NW 43RD AVE
City-State-Zip:	COCONUT CREEK FL 33066

Title	CD
Name	LAWSON, RALPH E
Address	C/O 6855 RED ROAD, STE. 600
City-State-Zip:	CORAL GABLES FL 33143

Title	AS
Name	FITZGERALD, J PATRICK
Address	110 MERRICK WAY, SUITE 3B
City-State-Zip:	CORAL GABLES FL 33134

Title	ASD
Name	MARIN, TOMAS
Address	C/O 5400 SW 102 AVENUE
City-State-Zip:	MIAMI FL 33165

Title	DIRECTOR
Name	PANCIERA, MARK J
Address	6001 NORTH OCEAN DRIVE, #1202
City-State-Zip:	HOLLYWOOD FL 33019

*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: JOSEPH M CATANIA****PRESIDENT****03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date