2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748474

Entity Name: ST. JOHN'S REHABILITATION HOSPITAL AND NURSING

CENTER, INC.

FILED
Mar 24, 2015
Secretary of State
CC4827641623

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, SUITE 3-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 Title P

Name WORLEY, ELIZABETH A Name CATANIA, JOSEPH M
Address C/O 9401 BISCAYNE BLVD Address 291 NW 43RD AVE

City-State-Zip: MIAMI SHORES FL 33138 City-State-Zip: COCONUT CREEK FL 33066

Title CD Title AS

Name LAWSON, RALPH E Name FITZGERALD, J PATRICK

Address C/O 6855 RED ROAD, STE. 600 Address 110 MERRICK WAY, SUITE 3B City-State-Zip: CORAL GABLES FL 33143 City-State-Zip: CORAL GABLES FL 33134

Title ASD Title DIRECTOR

Name MARIN, TOMAS Name PANCIERA, MARK J

Address C/O 5400 SW 102 AVENUE Address 6001 NORTH OCEAN DRIVE, #1202

City-State-Zip: MIAMI FL 33165 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/24/2015