2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
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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 US

FEI Number: 59-1945163

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

Title	ASD
Name	MARIN, TOMAS
Address	C/O 1400 MILLER ROAD
City-State-Zip:	CORAL GABLES FL 33146

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

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

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 03/21/2017

Electronic Signature of Signing Officer/Director Detail — Date