2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748474

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

CENTER, INC.

FILED Apr 29, 2022 **Secretary of State** 2575205354CC

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: No

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ. J. PATRICK FITZGERALD & ASSOCIATES, P.A. 110 MERRICK WAY SUITE 3B 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:

Date Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

Title **VCSD** Title

Name WORLEY, SSJ, ELIZABETH A. SR. Name PALLIN, ARISTIDES CEO

ARCHDIOCESE OF MIAMI CATHOLIC HEALTH SERVICES, INC. Address Address

9401 BISCAYNE BLVD 4790 N STATE RD 7

City-State-Zip: MIAMI SHORES FL 33138 City-State-Zip: LAUDERDALE LAKES FL 33319

Title CD Title AS

Name LAWSON, RALPH E. Name FITZGERALD, J. PATRICK ESQ.

J. PATRICK FITZGERALD & 6041 NW 74 TERRACE Address Address

ASSOCIATES, P.A. PARKLAND FL 33067

City-State-Zip: 110 MERRICK WAY SUITE 3B

Title ASD

ZIRILLI, V.F., DAVID REV. Name

NATIVITY CATHOLIC CHURCH Address

5220 JOHNSON STREET

City-State-Zip: HOLLYWOOD FL 33021

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: J. PATRICK FITZGERALD, ESQ.

AS

CORAL GABLES FL 33134

04/29/2022