

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008459

**FILED  
Apr 30, 2013  
Secretary of State  
CC1489484542**

**Entity Name:** OCEAN REHAB INITIATIVE, INC.

**Current Principal Place of Business:**

301 CLEMATIS ST., STE 3000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

301 CLEMATIS ST., STE 3000  
WEST PALM BEACH, FL 33401

**FEI Number:** 27-0880501

**Certificate of Status Desired:** No

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

DJUBIN, WILLIAM R  
301 CLEMATIS ST., STE 3000  
WEST PALM BEACH, FL 33401 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 D  
Name DJUBIN, WILLIAM R  
Address 6046 LESLIE ST.  
City-State-Zip: JUPITER FL 33458

Title D  
Name READLING, MIKE J  
Address 150 SW CABANA POINT CIRCLE #1  
City-State-Zip: STUART FL 34994

Title D  
Name TOUGAS, MELISSA T  
Address 7901 NORTH BLVD.  
City-State-Zip: FT. PIERCE FL 34951

*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:** WILLIAM R. DJUBIN

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date