

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000078675

**Entity Name:** CDL RESIDENTIAL REHAB INC

**Current Principal Place of Business:**

7901 36TH AVE N  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

7901 36TH AVE N  
ST PETERSBURG, FL 33710 US

**FEI Number:** 20-1125107

**Certificate of Status Desired:** No

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

LAMBERT, CHRISTOPHER D  
7901 36TH AVE N  
ST PETERSBURG, FL 33710 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 PD  
Name LAMBERT, CHRISTOPHER D  
Address 7901 36TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER LAMBERT

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date