

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000045279

Entity Name: NEWJOURNEY REHABILITATION INC.

Current Principal Place of Business:

16450 MIAMI DR.
703
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

14311 BISCAYNE BLVD
P.O. BOX 613752
NORTH MIAMI, FL 33261

FEI Number: 45-5421090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONARD, ELROY A
16450 MIAMI DR.
703
NORTH MIAMI BEACH, FL 33162 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 PTD
Name LEONARD, ELROY A
Address 16450 MIAMI DR. #703
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP
Name MARKS, KAREEMA
Address 3870 MISSION DR. UNIT 12
City-State-Zip: JACKSONVILLE FL 32217

Title S
Name HUGHES, CLAUDIA
Address 3203 LANSDELL DR.
City-State-Zip: JACKSONVILLE FL 32208

Title D
Name BELL, KISHMA
Address 900 BROWARD RD. APT. 200
City-State-Zip: JACKSONVILLE FL 32218

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: ELROY ARNALDO LEONARD

OWNER (PTD)

01/30/2013

Electronic Signature of Signing Officer/Director Detail Date