

**2014 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 PSD  
Name LEONARD, ELROY A  
Address 16450 MIAMI DR. #703  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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 A. LEONARD

PSD

04/11/2014

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

\_\_\_\_\_  
Date