

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714635

FILED
Jan 14, 2011
Secretary of State

Entity Name: REHABILITATION CENTER FOR CHILDREN AND ADULTS, INC.

Current Principal Place of Business:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

300 ROYAL PALM WAY
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0791037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, PAMELA J. MRS
300 ROYAL PALM WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MRS
Name: HENDERSON, PAMELA J.
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: DR
Name: WHELTON, JOHN C.
Address: 1411 NORTH FLAGLER DRIVE #3100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MR
Name: THOMAS, DAVID J.
Address: 1601 FORUM PLACE #801
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MRS
Name: FLANAGAN, CAROL
Address: 369 SOUTH LAKE DRIVE
City-St-Zip: PALM BEACH, FL 33480

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: PAMELA J. HENDERSON

EXDI

01/14/2011

Electronic Signature of Signing Officer or Director

Date