

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735399

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF REHABILITATION FACILITIES, INC.

**Current Principal Place of Business:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 323014946 US

**New Principal Place of Business:**

**Current Mailing Address:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 323014946 US

**New Mailing Address:**

**FEI Number:** 59-1640418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SEWELL, SUZANNE  
2475 APLACHEE PARKWAY  
STE. 205  
TALLAHASSEE, FL 32301 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:** CD  
**Name:** POLLACK, BARRY  
**Address:** 1100 JIMMY ANN DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** P  
**Name:** SEWELL, SUZANNE  
**Address:** 2475 APALACHEE PKWY, STE. 205  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** SD  
**Name:** MORIN, GARY  
**Address:** 110 TIMBERLACHEN CIRCLE, SUITE 1000  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** TD  
**Name:** BALOGH, SHIRLEY  
**Address:** 1038 SUNSHINE DRIVE E.  
**City-St-Zip:** LAKE LAND, FL 33801

**Title:** VD  
**Name:** BOWER, CLINT  
**Address:** 151 NE 62ND ST  
**City-St-Zip:** MIAMI, FL 33138

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:** SUZANNE SEWELL

P

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date