2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# 735399

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: BOWER, CLINT
Address: 151 NE 62ND STREET
City-St-Zip: MIAMI, FL 33138

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

Title: SD
Name: STRAWDER, TROY
Address: 2800 SE MARICAMP RD
City-St-Zip: OCALA, FL 34471

Title: TD
Name: PHILIPS, TINA
Address: 4522 SOUTH CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VD
Name: PORTA, KATIE
Address: P.O. BOX 531125
City-St-Zip: ORLANDO, FL 32853

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 PRES 01/04/2012
Electronic Signature of Signing Officer or Director Date