

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004231

FILED
Feb 22, 2010
Secretary of State

Entity Name: GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC.

Current Principal Place of Business:

11000 S.W. 216 STREET
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

11000 S.W. 216 STREET
MIAMI, FL 33170

New Mailing Address:

FEI Number: 31-1732774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSGROVE, JOHN F ESQ
18320 SW 97TH AVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

DU'RANT, WAYNE D
15251 S.W. 177TH TERRACE
MIAMI, FL 33187 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: WAYNE D. DU'RANT, SR.

02/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: DU'RANT, WAYNE D SR.
Address: 15251 S.W. 177 TERRACE
City-St-Zip: MIAMI, FL 33187

Title: D
Name: COATS, JAMES
Address: 11331 SW 176TH ST
City-St-Zip: MIAMI, FL 33157

Title: P
Name: COATS, MARK
Address: 5910 SW 58TERRACE
City-St-Zip: MIAMI, FL 33143

Title: D
Name: ROBINSON, MARY
Address: 21502 SW 113TH AVENUE
City-St-Zip: GOULDS, FL 33170

Title: T
Name: FREEMAN, ALAN L CPA
Address: 1001 BRICKELL BAY DRIVE, 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D
Name: FIELDSTONE, RONALD R EQS
Address: 10305 S.W. 68TH COURT
City-St-Zip: MIAMI, FL 33156

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: WAYNE D. DU'RANT, SR.

V

02/22/2010

Electronic Signature of Signing Officer or Director

Date