

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000002219

FILED
Mar 29, 2011
Secretary of State

Entity Name: COMMUNITY REHABILITATION CENTER INSTITUTE, INC.

Current Principal Place of Business:

5208 NORTH PEARL STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

5308 NORTH PEARL STREET
JACKSONVILLE, FL 32208

Current Mailing Address:

5208 NORTH PEARL STREET
JACKSONVILLE, FL 32208

New Mailing Address:

5308 NORTH PEARL STREET
JACKSONVILLE, FL 32208

FEI Number: 27-1494131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFNEY, REGINALD
11636 JERRY ADAMS COURT
JACKSONVILLE, FL 32218 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: P
Name: GAFFNEY, REGINALD
Address: 11636 JERRY ADAMS COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: V
Name: SEIGLER, TONYA
Address: 5208 NORTH PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: REGINALD GAFFNEY

P

03/29/2011

Electronic Signature of Signing Officer or Director

Date