

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716013

Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

Current Principal Place of Business:

1100 JIMMY ANN DR
DAYTONA BCH, FL 32117

Current Mailing Address:

9040 SUNSET DRIVE
MIAMI, FL 33173 US

FEI Number: 23-7026771

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WRAY, ZACHARY
9040 SUNSET DRIVE
MIAMI, FL 33173 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: JOOHN P. FERGUSON

02/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MCMACKIN, F. JOSEPH III
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title D
Name VANCE, KEVIN E
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title PRESIDENT
Name WRAY, ZACHARY S
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title SECRETARY/TREASURER
Name KELLEHER, JOHN F
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title ASST. SECRETARY
Name POTTER, SHERRI L
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name WETHERINGTON, GLORIA A
Address 2050 OAKLAND PARK BLVD. SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33306-1121

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: SHERRI L POTTER

ASST SECRETARY

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date