# 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 716013** 

Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

FILED Sep 30, 2016 Secretary of State CC5372674038

### **Current Principal Place of Business:**

1100 JIMMY ANN DR DAYTONA BCH, FL 32117

# **Current Mailing Address:**

1100 JIMMY ANN DR DAYTONA BCH, FL 32117 US

FEI Number: 23-7026771 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC. 149 S. RIDGEWOOD AVENUE SUITE 700 DAYTONA BCH, FL 32114 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 09/30/2016

**Electronic Signature of Registered Agent** 

Date

#### Officer/Director Detail:

Title	CEO	Title	COO

NameFERGUSON, MARY KELLYNameKENDALL, DAVID RAddress1100 JIMMY ANN DR.Address1100 JIMMY ANN DRIVECity-State-Zip:DAYTONA BEACH FL 32117City-State-Zip:DAYTONA BEACH FL 32117

Title CHAIRMAN Title VC

NameMADDOX, NANCYNameFOGARTY, JOSEPHAddress1100 JIMMY ANN DRIVEAddress1100 JIMMY ANN DRCity-State-Zip:DAYTONA BEACH FL 32117City-State-Zip:DAYTONA BCH FL 32117

Title SECRETARY Title TREASURER

NameFRANCATI, LIZNameMILTHORPE, KATHRYNAddress1100 JIMMY ANN DRAddress1100 JIMMY ANN DRCity-State-Zip:DAYTONA BCH FL 32117City-State-Zip:DAYTONA BCH FL 32117

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.