

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716013

FILED
Jan 07, 2014
Secretary of State
CC5499597011

Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

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:

JOHANESSEN, KELLY A
1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 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: KELLY A. JOHANESSEN

01/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JOHANESSEN, KELLY
Address 1100 JIMMY ANN DR.
City-State-Zip: DAYTONA BEACH FL 32117

Title CD
Name CASEY, BROOKS
Address 1100 JIMMY ANN DR.
City-State-Zip: DAYTONA BEACH FL 32117

Title VD
Name BEST, ED
Address 1100 JIMMY ANN DRIVE
City-State-Zip: DAYTONA BEACH FL 32117

Title D
Name MYNCHENBERG, PARKER
Address 1100 JIMMY ANN DRIVE
City-State-Zip: DAYTONA BEACH FL 32117

Title SD
Name MCNEIL, JUANITA
Address 1100 JIMMY ANN DRIVE
City-State-Zip: DAYTONA BEACH FL 32117

Title TD
Name ANNON, FRED JR
Address 1100 JIMMY ANN DR
City-State-Zip: DAYTONA BEACH 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.

SIGNATURE: KELLY JOHANESSEN

**CHIEF OPERATING
OFFICER**

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date