

**2015 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:**

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

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            COO  
Name            JOHANESSEN, KELLY  
Address        1100 JIMMY ANN DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

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

Title            VC  
Name            CASEY, BROOKS  
Address        1100 JIMMY ANN DR  
City-State-Zip: DAYTONA BCH FL 32117

Title            SECRETARY  
Name            FRANCATI, LIZ  
Address        1100 JIMMY ANN DR  
City-State-Zip: DAYTONA BCH FL 32117

Title            TREASURER  
Name            ANNON, FRED  
Address        1100 JIMMY ANN DR  
City-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.*

**SIGNATURE:** KELLY JOHANESSEN

COO

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date