2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT#716013

Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

FILED
Oct 19, 2015
Secretary of State
CC2863847029

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:

FERGUSON, MARY KELLY 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: MARY KELLY FERGUSON 10/19/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title COO

NameFERGUSON, KELLYNameJOHANESSEN, KELLYAddress1100 JIMMY ANN DR.Address1100 JIMMY ANN DRIVECity-State-Zip:DAYTONA BEACH FL 32117City-State-Zip:DAYTONA BEACH FL 32117

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32

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.

SIGNATURE: KELLY JOHANESSEN

COO

10/19/2015