

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748474

Entity Name: ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.**Current Principal Place of Business:**3075 N.W. 35TH AVENUE
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**3075 N.W. 35TH AVENUE
LAUDERDALE LAKES, FL 33311 US**FEI Number: 59-1945163****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK ESQ.
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
110 MERRICK WAY SUITE 3B
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VCSD
Name	WORLEY, SSJ, ELIZABETH A. SR.
Address	ARCHDIOCESE OF MIAMI 9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	CD
Name	LAWSON, RALPH E.
Address	6041 NW 74 TERRACE
City-State-Zip:	PARKLAND FL 33067

Title	P
Name	PALLIN, ARISTIDES CEO
Address	CATHOLIC HEALTH SERVICES, INC. 4790 N STATE RD 7
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	AS
Name	FITZGERALD, J. PATRICK ESQ.
Address	J. PATRICK FITZGERALD & ASSOCIATES, P.A. 110 MERRICK WAY SUITE 3B
City-State-Zip:	CORAL GABLES FL 33134

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: ARISTIDES PALLIN**CEO****01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date