

2014 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**FEI Number: 59-1945163****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
110 MERRICK WAY, SUITE 3-B
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, ELIZABETH A
Address C/O 9401 BISCAYNE BLVD
City-State-Zip: MIAMI SHORES FL 33138

Title P
Name CATANIA, JOSEPH M
Address 291 NW 43RD AVE
City-State-Zip: COCONUT CREEK FL 33066

Title CD
Name LAWSON, RALPH E
Address C/O 6855 RED ROAD, STE. 600
City-State-Zip: CORAL GABLES FL 33143

Title AS
Name FITZGERALD, J PATRICK
Address 110 MERRICK WAY, SUITE 3B
City-State-Zip: CORAL GABLES FL 33134

Title ASD
Name MARIN, TOMAS
Address C/O 5400 SW 102 AVENUE
City-State-Zip: MIAMI FL 33165

Title D
Name JAMAL, ASIF
Address 1028 COTORRO AVENUE
City-State-Zip: CORAL GABLES FL 33146

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: JOSEPH M. CATANIA**PRESIDENT & CEO****04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date