

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003515

**FILED  
Mar 15, 2013  
Secretary of State  
CC0091672948**

**Entity Name:** COMMUNITY REHABILITATION AND RESOURCES CENTER, INC.

**Current Principal Place of Business:**

23 SWINTON GARDENS DR  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

23 SWINTON GARDENS DR  
DELRAY BEACH, FL 33444

**FEI Number: 45-1542803**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MASCILLE, LIONEL  
27 SWINTON GARDENS DR.  
DELRAY BEACH, FL 33444 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 P  
Name PHILIUS, ERMILUS  
Address 23 SWINTON GARDENS DR  
City-State-Zip: DELRAY BEACH FL 33444

Title S  
Name JEAN-MARIE, JAMANIA  
Address 6529 JULIA GARDENS DR  
City-State-Zip: COCONUT CREEK FL 33073

Title V  
Name PHILIUS, GESSY  
Address 6526  
City-State-Zip: COCONUT CREEK FL 33073

Title T  
Name ZULMAR, IRMINE  
Address 2039 SW 12TH CT  
City-State-Zip: DELRAY BEACH FL 33445

*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: ERMILUS PHILIUS**

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date