

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004986

Entity Name: COMMUNITY REHABILITATION CENTER INSTITUTE, INC.

Current Principal Place of Business:

5308 NORTH PEARL ST
JACKSONVILLE, FL 32208

Current Mailing Address:

5308 NORTH PEARL ST
JACKSONVILLE, FL 32208

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAFFNEY, REGINALD
11636 JERRY ADAMS CT
JACKSONVILLE, FL 32218 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 GAFFNEY, REGINALD
Address 11636 JERRY ADAMS CT
City-State-Zip: JACKSONVILLE FL 32218

Title V
Name SEIGLER, TONYA
Address 5320 NORTH PEARL ST
City-State-Zip: JACKSONVILLE FL 32208

Title D
Name LANE, LASHAN
Address 5320 NORTH PEARL ST
City-State-Zip: JACKSONVILLE FL 32208

Title CFO
Name SEERAJ, MICHAEL P
Address 5308 NORTH PEARL ST
City-State-Zip: JACKSONVILLE FL 32208

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: MICHAEL P. SEERAJ

CFO

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date