2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2016
Secretary of State
CC6058461887

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Entity Name: STROKE RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

5621 STRAND BLVD SUITE 109
NAPLES, FL 34110

Current Mailing Address:

5621 STRAND BLVD SUITE 109
NAPLES, FL 34110

FEI Number: 47-2783922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANDELL, ROBERT
5621 STRAND BLVD SUITE 109
NAPLES, FL 34110 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	DM	Title	D
Name	MANDELL, ROBERT	Name	BAKER, GLORIA
Address	5621 STRAND BLVD SUITE 109	Address	2005 MITZI LANE
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	SANIBEL FL 33957

Title	D
Name	BONNETTE, MARY
Address	1920 VIRGINIA AVE SUITE 401
City-State-Zip:	FT.MYERS FL 33901

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: ROBERT MANDELL DM 04/21/2016

Electronic Signature of Signing Officer/Director Detail — Date