

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20000009184

Entity Name: CENTER FOR AGING AND REHABILITATION OF JEFFERSON
COUNTY, INC

Current Principal Place of Business:

2699 STIRLING ROAD, SUITE C403B
FT LAUDERDALE, FL 33312

Current Mailing Address:

C/O TKP ACCOUNTING
3550 POWERLINE ROAD
OAKLAND PARK, FL 33309 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF ROBERT P. KELLY
2699 STIRLING ROAD, SUITE C403B
FT. LAUDERDALE, FL 33312 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: ROBERT P. KELLY, ESQ.

11/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COB
Name BROCK, ALAN
Address 12460 CRABAPPLE RD SUITE 202-308
City-State-Zip: ALPHARETTA GA 30004
Title D
Name HOGE, BRETT
Address 1100 S. STRATFORD ROAD, SUITE
400
City-State-Zip: WINSTON-SALEM NC 27104

Title D
Name BARRETT, ALEX
Address 1100 S. STRATFORD ROAD SUITE 400
City-State-Zip: WINSTON-SALEM NC 27104
Title DS
Name KELLY, ROBERT P
Address 2699 STIRLING ROAD, C403B
City-State-Zip: FT. LAUDERDALE FL 33312

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 KELLY

SECRETARY

11/15/2024

Electronic Signature of Signing Officer/Director Detail

Date