

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012839

**Entity Name:** CENTER FOR AGING AND REHABILITATION OF PORT ST. JOE, INC.**FILED**  
**May 10, 2021**  
**Secretary of State**  
**6425118068CC****Current Principal Place of Business:**100 SE 2ND STREET, SUITE 2000  
MIAMI, FL 33131**Current Mailing Address:**100 SE 2ND STREET, SUITE 2000  
MIAMI, FL 33131 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAMONE VILLALON PLLC  
100 SE 2ND STREET, SUITE 2000  
MIAMI, FL 33131 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	CD
Name	ALAN BROCK
Address	12460 CRBAPPLE RD, SUITE 202-308
City-State-Zip:	ALPHARETTA GA 30004

Title	PD
Name	MARGARET FERNANDEZ
Address	32429 JOY HAVEN ROAD
City-State-Zip:	LEESBURG FL 34788

Title	D
Name	BRETT HOGE
Address	1100 S. STRATFORD ROAD, SUITE 400
City-State-Zip:	WINTSON-SALEM NC 27104

Title	D
Name	SCOTT TURNER
Address	2118 ADIAR ROAD
City-State-Zip:	DAVENPORT FL 33837

Title	DS
Name	RAMSEY VILLALON
Address	100 SE 2ND STREET, SUITE 2000
City-State-Zip:	MIAMI FL 33131

*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: RAMSEY VILLALON****DS****05/10/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date