

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002814

Entity Name: COMMUNITY REHABILITATION CENTER, INC.

Current Principal Place of Business:

623 BEECHWOOD ST
JACKSONVILLE, FL 32206

Current Mailing Address:

623 BEECHWOOD ST
JACKSONVILLE, FL 32206 US

FEI Number: 59-3198739

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SEERAJ, MICHAEL LCFO
623 BEECHWOOD STREET
JACKSONVILLE, FL 32206 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: MICHAEL SEERAJ

04/02/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DCEO
Name GAFFNEY, REGINALD
Address 623 BEECHWOOD ST
City-State-Zip: JACKSONVILLE FL 32206

Title DC
Name COMBS, STEVEN
Address 3217 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title DS
Name SEYMORE, LEON
Address 525 NEW BRUNSWICK TERRACE
City-State-Zip: JACKSONVILLE FL 32221

Title DT
Name WILLIAMS, SIRETTA
Address 13528 ASHFORD WOOD CT W
City-State-Zip: JACKSONVILLE FL 32218

Title DCT
Name LEWIS, MARK
Address 5316 N PEARL STREET
City-State-Zip: JACKSONVILLE FL 32208

Title DVC
Name MAINA, DEBORAH
Address 5541 ARLINGTON RD STE 2
City-State-Zip: JACKSONVILLE FL 32211

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: REGINALD GAFFNEY

DCEO

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date