

2015 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:

GOODMAN, ERAKAL
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: ERAKAL GOODMAN

05/05/2015

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

Title VC
Name TYSON, R L
Address 3139 DANDRIDGE DRIVE
City-State-Zip: JACKSONVILLE FL 32209

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

DEO

05/05/2015

Electronic Signature of Signing Officer/Director Detail

Date