

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108905

Entity Name: COMMUNITY REHAB ASSOCIATES, INC.

Current Principal Place of Business:

3950 3RD ST N
SUITE D
SAINT PETERSBURG, FL 33703

Current Mailing Address:

3950 3RD ST N
SUITE D
SAINT PETERSBURG, FL 33703

FEI Number: 59-3684604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONNELL, KELLY
1153 42ND AVENUE NE
ST PETERSBURG, FL 33703 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 OWNE
Name MCDONNELL, KELLY
Address 1153 42ND AVENUE NE
City-State-Zip: SAINT PETERSBURG FL 33703

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY MCDONNELL

**DIRECTOR OF THERAPY 01/10/2018
SERVICES/CEO**

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date