

**2014 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**

**OWNER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date