

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000086810

**Entity Name:** EMERALD COAST REHAB ASSOCIATES, INC.

**Current Principal Place of Business:**

320 W CERVANTES  
PENSACOLA, FL 32501

**Current Mailing Address:**

PO BOX 13085  
PENSACOLA, FL 32591

**FEI Number: 20-0137260**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HIGHTOWER, DAVID E  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502 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            OFF  
Name            TORRES, GLENDA KPRESIDE  
Address        2745 CREEKS EDGE LANE  
City-State-Zip: NAVARRE FL 32566

Title            OFF  
Name            WINDHAM, DENISE VP  
Address        562 EAST ROMANA STREET  
City-State-Zip: PENSACOLA FL 32502

*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: GLENDA K. TORRES**

**PRESIDENT**

**01/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date