

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000082267

**Entity Name:** BRIDGE REHABILITATION THERAPIES, INC.

**Current Principal Place of Business:**

502 5TH AVE DR E  
BRADENTON, FL 34208

**Current Mailing Address:**

502 5TH AVE DR. E  
BRADENTON, FL 34208 US

**FEI Number: 27-3647019**

**Certificate of Status Desired: No**

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

MCDONALD, DEXTER NSR  
502 5TH AVE DR. E  
BRADENTON, FL 34208 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 PD  
Name MCDONALD, DEXTER NSR  
Address 502 5TH AVE DR E  
City-State-Zip: BRADENTON FL 34208

Title MGR  
Name MCDONALD, DEXTRINA P  
Address 502 5TH AVE DR. E  
City-State-Zip: BRADENTON FL 34208

*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: DEXTER N. MCDONALD**

**PD**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date