

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000055229

Entity Name: EVANS REHAB CENTER, INC.

Current Principal Place of Business:

3949 EVANS AVE
300B
FORT MYERS, FL 33901

Current Mailing Address:

PO BOX 2544
FORT MYERS, FL 33902 US

FEI Number: 45-5554912

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CANESTRALE, DAVID J
3949 EVANS AVE - SUITE 300B
FORT MYERS, FL 33901 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 CANESTRALE, DAVID J
Address 3949 EVANS AVE #300B
City-State-Zip: FORT MYERS FL 33901

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: CANESTRALE DAVID J

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04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date