

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071747

Entity Name: CENTER FOR PEDIATRIC REHABILITATION, INC.

Current Principal Place of Business:

1108-A AIRPORT BOULEVARD
PENSACOLA, FL 32504

Current Mailing Address:

1108-A AIRPORT BOULEVARD
PENSACOLA, FL 32504

FEI Number: 59-3593243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMEAD, KATHLEEN
1108-A AIRPORT BOULEVARD
PENSACOLA, FL 32504 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 OP
Name SMEAD, KATHLEEN
Address 1108-A AIRPORT BLVD
City-State-Zip: PENSACOLA FL 32504

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: KATHLEEN SMEAD

OWNER

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date