

**2014 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**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date