

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003749

Entity Name: EACH1TEACH1 REHABILITATION SERVICES, INC

Current Principal Place of Business:

235 BUCKSKIN CIR
MIDWAY, FL 32343

Current Mailing Address:

PO BOX 437
MIDWAY, FL 32343 US

FEI Number: 27-4883397

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, TEQUEDA S
235 BUCKSKIN CIR
MIDWAY, FL 32343 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 P
Name ROBINSON, CHANDRIEKA N
Address PO BOX 437
City-State-Zip: MIDWAY FL 32343

Title VP
Name JOHNSON, TEQUEDA S
Address PO BOX 437
City-State-Zip: MIDWAY FL 32343

Title SEC
Name GLASS, SANDRA D
Address PO BOX 437
City-State-Zip: MIDWAY FL 32343

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TEQUEDA S. JOHNSON

VP

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date