

**2014 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:**

235 BUCKSKIN CIR  
MIDWAY, FL 32343 US

**FEI Number:** 27-4883397

**Certificate of Status Desired:** No

**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 JOHNSON

**EXECUTIVE DIRECTOR**

**05/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date