


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90092 018 \*\*\*150.00

**DOCUMENT # P04000053537**

1. Entity Name  
**A-1 REHAB STAFFING INC.**



Principal Place of Business      Mailing Address

**200 KNUTH RD  
 SUITE 150  
 BOYNTON BEACH, FL 33436**      **200 KNUTH RD  
 SUITE 150  
 BOYNTON BEACH, FL 33436**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**66024232**



07012005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**20-0873052**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STORCH, CRAIG L  
 3030 SAINT JAMES DR  
 BOCA RATON, FL 33434**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORCH, CRAIG L 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STORCH, EILEEN 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Craig Storch*      **Craig Storch**      *561-376-6666*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

66024232  
# P04-000053537

Florida Department of State  
Division of Corporations

To whom it may concern,

The enclosed annual report was submitted to your office on March 9 2005 well in advance of the May 1 deadline. The check in the amount of 150.00 cleared our account on March 18. We are aware of the 400.00 penalty due after May 1 which is why the report is filed six weeks in advance. When we received notice of intent to dissolve the corporation it was rather puzzling being that the state deposited the check in its bank account. When a phone call was made to the division of corporations office it was explained that the FEI number was left off the original form. It was also explained that notification of the error was sent to our office via U.S. Mail at which time it was explained that we never received this notification. Had we gotten the notification it would have been no trouble to send in the FEI number being that we paid the fee six weeks early and the state has kept the money. Again being that the check cleared our account and we did not get any notification there is no way for us to know that there was a problem. There should not be any additional penalty added on being that the fee was paid six weeks early and the state deposited the money.

Thank you,



Craig Storch  
A-1 Rehab Staffing, Inc.  
561-376-6166

ATTACHMENT 06624232  
# P04-0006 53537

**A-1 REHAB STAFFING, INC.** 05-04  
200 KNUTH RD. STE 150  
BOYNTON BEACH, FL 33436-4640

1049

20020682

Date 3/9/05

63-27831 FL  
824

Pay to the Order of Florida Department of State \$150~~00~~  
One Hundred-Fifty dollars and 00/100 Dollars  
**Bank of America**

ACH R/T 063100277

For Cap

DATE 03/18/05  
BANK OF AMERICA JAX  
6630000474 23876 01 P01  
03/18/05

MAR 18 05

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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1000000796  
MAR 14 2005