


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P04000053537

1. Entity Name
A-1 REHAB STAFFING INC.



| | |
|--|--|
| Principal Place of Business 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 | Mailing Address 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 |
|--|--|



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-0873052 | Applied For <input type="checkbox"/> 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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STORCH, CRAIG L 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST STORCH, EILEEN 200 KNUTH RD SUITE 150 BOYNTON BEACH, FL 33436 |
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 04/23/08-80056-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 4/8/08 561-376-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #