

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028275

**FILED**  
**Jul 07, 2008**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE REHAB CENTER, INC.

**Current Principal Place of Business:**

7524 BRIGHTWATER PLACE  
OVIEDO, FL 32765

**New Principal Place of Business:**

5530 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**Current Mailing Address:**

7524 BRIGHTWATER PLACE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AZER, EHAB S  
1670 CANOE CREEK RD  
OVIEDO, FL 32766    US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:           MALAK, FATEN N  
Address:        7524 BRIGHTWATER PLACE  
City-St-Zip:    OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:           MALAK, FATEN N  
Address:        5530 LAKE HOWELL ROAD  
City-St-Zip:    WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FATEN N. MALAK

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date