

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90849 017 \*\*\*150.00

**DOCUMENT # J21329**

1. Entity Name  
**COMPREHENSIVE REHABILITATION CONSULTANTS, N. Y., INC.**



Principal Place of Business  
**11428 S.W. 109TH ROAD  
MIAMI, FL 33176**

Mailing Address  
**11428 S.W. 109TH ROAD  
MIAMI, FL 33176**

40093610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2732535**

Applied For

Not Applicable

5. Certificate of Status Desired.

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL R. PASTERNAK, P.A.  
200 S. BISCAYNE BLVD., SUITE 2500  
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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 **P** ☐ Delete  
NAME **FORMAN, LAWRENCE S.**  
STREET ADDRESS **8585 SUNSET DR W ATRIVR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **V** ☐ Delete  
NAME **SCHUSTER, RICHARD DR.**  
STREET ADDRESS **8585 SUNSET DR W ATRIVR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **VST** ☐ Delete  
NAME **CARRUTHERS, DARLENE M.**  
STREET ADDRESS **8585 SUNSET DR W ATRIVR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **11428 SW 109 Rd**  
STREET ADDRESS **Miami FL 33176**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **11428 SW 109 Rd**  
STREET ADDRESS **Miami FL 33176**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **11428 SW 109 Rd**  
STREET ADDRESS **Miami, FL 33176**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/07**

Date

Daytime Phone #