2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# J21329

Entity Name: COMPREHENSIVE REHABILITATION CONSULTANTS, N. Y., INC.

Current Principal Place of Business:

11428 SW 109TH RD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11428 SW 109TH RD
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2732535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMAN, DAVID
11428 SW 109TH RD
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: FORMAN, LAWRENCE S.
Address: 11428 SW 109TH RD
City-St-Zip: MIAMI, FL 33176

Title: V
Name: SCHUSTER, RICHARD DR.
Address: 11428 SW 109TH RD
City-St-Zip: MIAMI, FL 33176

Title: VST
Name: CARRUTHERS, DARLENE M.
Address: 11428 SW 109TH RD
City-St-Zip: MIAMI, FL 33176

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE FORMAN P 04/29/2010

Electronic Signature of Signing Officer or Director Date