

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 521745

1. Entity Name
JERNIGAN REHABILITATIVE SERVICES, INC.



Principal Place of Business
**7025 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33710**

Mailing Address
**7025 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33710**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1711628

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JERNIGAN, THERON A. JR.
15851 REDINGTON DR.
REDINGTON BCH., FL 33708**

**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 _____

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VDT
NAME	JERNIGAN, THERON JR.
STREET ADDRESS	15851 REDINGTON DR.
CITY-ST-ZIP	REDINGTON BCH., FL 33708
TITLE	S
NAME	BARKER, DOROTHY P.
STREET ADDRESS	8656 LONGWOOD DR.
CITY-ST-ZIP	LARGO, FL
TITLE	P
NAME	HARVIE, BRADLEY R
STREET ADDRESS	10707 DEL PRADO DRIVE EAST
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000141012
04/29/04-80186-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/26/04

Date

727-384-1010

Daytime Phone #