

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90188 006 \*\*\*150.00

**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**

**50019095**



01252006 No Chg-P CR2E034 (11/05)

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **DBA P**  
NAME  
JERNIGAN, THERON JR.  
STREET ADDRESS  
15851 REDINGTON DR.  
CITY-ST-ZIP  
REDINGTON BCH., FL 33708

TITLE  
NAME  
BARKER, DOROTHY P.  
STREET ADDRESS  
8656 LONGWOOD DR.  
CITY-ST-ZIP  
LARGO, FL

TITLE  
NAME  
HARVE, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]* President

4/24/06 (727-384-1010)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #