

DOCUMENT # 597396

1. Entity Name
COMPREHENSIVE REHABILITATION SERVICES, INC.

Principal Place of Business
12029 MAJESTIC BLVD.
SUITE 5A
HUDSON FL 34667

Mailing Address
12029 MAJESTIC BLVD.
SUITE 5A
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90042 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1872570**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASE, JEAN M.
12029 MAJESTIC BLVD.
SUITE 5A
HUDSON FL 34667

7. Name and Address of New Registered Agent

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LON ROY KAVANAUGH	4609 JUNIPER DRIVE	PALM HARBOR FL 34685	<input type="checkbox"/>
VD	BOSMAN, SUSAN	4046 AUSTON WAY	PALM HARBOR FL 34658	<input type="checkbox"/>
CDS	CASE, JEAN M	7151 JASMINE DRIVE	NEW PORT RICHEY FL 34652	<input type="checkbox"/>
TD	KAVANAUGH, KELLY	4609 JUNIPER DRIVE	PALM HARBOR FL 34685	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: L. Roy KAVANAUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01
Date

727/863-1541
Daytime Phone #

CR2E034 (10/00)