

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732739

FILED
Apr 17, 2007
Secretary of State

Entity Name: POLLAK REHABILITATION CENTER, INC.

Current Principal Place of Business:

3932 N TENTH AVE
ARC GATEWAY, INC.
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

3932 N TENTH AVE.
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 23-7451108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FASSETT, DONNA
3932 N 10TH AVE
PENSACOLA, FL 32503 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATLEY, MONROE
Address: 5055 N. NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504 US

Title: VPD () Delete
Name: BLOOM, LINDA
Address: 4730 LAJOLLA
City-St-Zip: PENSACOLA, FL 32504 US

Title: TD () Delete
Name: ANTHONY, KATHY
Address: 316 S. BAYLEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: WALLACE, JACQUIE
Address: 11614 CLEAR CREEK ROAD
City-St-Zip: PENSACOLA, FL 32514 US

Title: ED () Delete
Name: FASSETT, DONNA
Address: 3932 N TENTH AVENUE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA FASSETT

ED

04/17/2007

Electronic Signature of Signing Officer or Director

Date