

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735399

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF REHABILITATION FACILITIES, INC.

**Current Principal Place of Business:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 323014946 US

**New Principal Place of Business:**

**Current Mailing Address:**

2475 APALACHEE PKWY  
STE. 205  
TALLAHASSEE, FL 323014946 US

**New Mailing Address:**

**FEI Number:** 59-1640418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARMER, TERRY R  
2475 APLACHEE PARKWAY  
STE. 205  
TALLAHASSEE, FL 32301 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: CD ( ) Delete  
Name: FISHER, JON  
Address: 104 E. FOWLER AVE., STE. 200  
City-St-Zip: TAMPA, FL 33612

Title: P ( ) Delete  
Name: FARMER, TERRY R  
Address: 2475 APALACHEE PKWY, STE. 205  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: POLLACK, BARRY  
Address: 1100 JIMMY ANN DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD ( ) Delete  
Name: MAY, JON  
Address: 4911 SPRING PARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: FISHER, JON  
Address: 3258 PARKSIDE CENTER CIRCLE  
City-St-Zip: TAMPA, FL 33619

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: VD ( ) Change (X) Addition  
Name: PORTA, KATIE  
Address: PO BOX 1300  
City-St-Zip: APOPKA, FL 32704

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: TERRY R. FARMER

P

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date