2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008
Secretary of State

DOCUMENT# F04000006346

Entity Name: ADVANCE REHABILITATION & CONSULTING, INC.

Current Principal Place of Business:

1897 ISLAND WALK WAY
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 949
ROME, GA 30162

New Mailing Address:

FEI Number: 58-2257510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITEFIELD, CHAD
1897 ISLAND WALK WAY
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, KEITH
Address: 140 LAKES BLVD SUITE C
City-St-Zip: KINGSLAND, GA 31548 US

Title: VP ( ) Delete
Name: CHENOWETH, STEVE
Address: 140 LAKES BLVD; STE C
City-St-Zip: KINGSLAND, GA 31548 US

Title: S ( ) Delete
Name: WHITEFIELD, CHAD
Address: 12 BRITTANY LANE
City-St-Zip: ROME, GA 30161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, KEITH
Address: 87 B LINDSEY LANE
City-St-Zip: KINGSLAND, GA 31548 US

Title: VP (X) Change ( ) Addition
Name: CHENOWETH, STEVE
Address: 87 B LINDSEY LANE
City-St-Zip: KINGSLAND, GA 31548 US

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA HODOCK MS. 07/28/2008
Electronic Signature of Signing Officer or Director Date