

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F0500Q001369

1. Entity Name
NATIONAL REHAB GP, INC.



Principal Place of Business

**1300 WEST SAM HOUSTON PARKWAY, STE. 300
HOUSTON, TX 77042**

Mailing Address

**1300 WEST SAM HOUSTON PARKWAY, STE. 300
HOUSTON, TX 77042**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0345539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME READING, CHRIS
STREET ADDRESS 1300 WEST SAM HOUSTON PARKWAY, STE. 300
CITY-ST-ZIP HOUSTON, TX 77042

TITLE VPTD
NAME MCAFEE, LARRY
STREET ADDRESS 1300 WEST SAM HOUSTON PARKWAY, STE. 300
CITY-ST-ZIP HOUSTON, TX 77042

TITLE VPS
NAME KING, JANNA
STREET ADDRESS 1300 WEST SAM HOUSTON PARKWAY, STE. 300
CITY-ST-ZIP HOUSTON, TX 77042

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U00000633057
02/21/07-80046-008 150.00

**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:

Janna King, VP/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/07

(713) 297-7000

Date

Daytime Phone #