

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006881

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF REHABILITATION AGENCIES, INC.

**Current Principal Place of Business:**

314 SHORE DR. EAST  
OLDSMAR, FL 34677

**New Principal Place of Business:**

314 SHORE DR. EAST  
OLDSMAR, FL 34677

**Current Mailing Address:**

314 SHORE DR. EAST  
OLDSMAR, FL 34677

**New Mailing Address:**

314 SHORE DR. EAST  
OLDSMAR, FL 34677

**FEI Number:** 31-1026576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHN, MELISSA  
314 SHORE DR. EAST  
OLDSMAR, FL 34677 US

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

COHN, MELISSA S EX. DIR  
314 SHORE DR. EAST  
OLDSMAR, FL 34677 US

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: MELISSA S. COHN

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COHN, MELISSA  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete  
Name: ALTOBELLA, GREGG  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete  
Name: LERNER, SANDRA  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

Title: S ( ) Delete  
Name: WAGNER, MARY  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete  
Name: BOTENS, TED  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

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

Title: D (X) Change ( ) Addition  
Name: COHN, MELISSA S  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

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: T (X) Change ( ) Addition  
Name: PRICE, DOUGLAS  
Address: 314 SHORE DR. EAST  
City-St-Zip: OLDSMAR, FL 34677

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA S. COHN

D

01/18/2008

Electronic Signature of Signing Officer or Director

Date