

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006881

FILED
Apr 13, 2009
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:

Current Mailing Address:

314 SHORE DR. EAST
OLDSMAR, FL 34677

New Mailing Address:

PO BOX 1440
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 S EX. DIR
314 SHORE DR. EAST
OLDSMAR, FL 34677 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: D () Delete
Name: COHN, MELISSA S
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: PRICE, DOUGLAS
Address: 314 SHORE DR. EAST
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HAWKINS, KENNEDY
Address: 314 SHORE DR. EAST
City-St-Zip: OLDSMAR, FL 34677

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

Title: T (X) Change () Addition
Name: BYKERK, KRIS
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

DIR

04/13/2009

Electronic Signature of Signing Officer or Director

Date