

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002993

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: INTEGRITY REHAB GROUP, INC.

## Current Principal Place of Business:

2250 HARRISON AVENUE  
PANAMA CITY, GL 32404

## New Principal Place of Business:

2250 HARRISON AVENUE  
PANAMA CITY, WL 32405

## Current Mailing Address:

1945 SCOTTSVILLE RD  
B-2, PMB 356  
BOWLING GREEN, KY

## New Mailing Address:

1945 SCOTTSVILLE RD  
B-2, PMB 356  
BOWLING GREEN, KY 42104

FEI Number: 61-1393785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C ( ) Delete  
Name: VAN NAME, DAVID  
Address: 24211 WEMBLEY COURT  
City-St-Zip: VALENCIA, CA 91355

Title: P ( ) Delete  
Name: PENNINGTON, TOM  
Address: 2309 H E JOHNSON RD  
City-St-Zip: BOWLING GREEN, KY 42103

Title: S ( ) Delete  
Name: CLEMENTS, PHILIP  
Address: 7914 FARM SPRING DRIVE  
City-St-Zip: PROSPECT, KY 40059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: VAN NAME, DAVID  
Address: 1945 SCOTTSVILLE ROAD, B-2, PMB 356  
City-St-Zip: BOWLING GREEN, KY 42104

Title: P (X) Change ( ) Addition  
Name: PENNINGTON, TOM  
Address: 1945 SCOTTSVILLE ROAD, B-2, PMB 356  
City-St-Zip: BOWLING GREEN, KY 42104

Title: S (X) Change ( ) Addition  
Name: CLEMENTS, PHILIP  
Address: 1945 SCOTTSVILLE ROAD, B-2, PMB 356  
City-St-Zip: BOWLING GREEN, KY 42104

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: TOM PENNINGTON

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date