

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003319

FILED
May 01, 2009
Secretary of State

Entity Name: FULLER REHABILITATION & CONSULTING SERVICES, INC.

Current Principal Place of Business:

529 ROLLINS INDUSTRIAL BLVD.
RINGGOLD, GA 30736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 615
RINGGOLD, GA 30736

New Mailing Address:

FEI Number: 58-1867542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CHRM () Delete
Name: FULLER, ROY A
Address: P.O. BOX 615
City-St-Zip: RINGGOLD, GA 30736

Title: VCHR () Delete
Name: FULLER, LEILA
Address: P.O. BOX 615
City-St-Zip: RINGGOLD, GA 30736

Title: V (X) Delete
Name: SCHLEY, KURT
Address: P.O. BOX 615
City-St-Zip: RINGGOLD, GA 30736

Title: ST () Delete
Name: PERKINS, HOLLY
Address: P.O. BOX 615
City-St-Zip: RINGGOLD, GA 30736

Title: D () Delete
Name: BEASLEY, SARAH
Address: 116 WINDSOR LANE
City-St-Zip: RINGGOLD, GA 30736

Title: D () Delete
Name: GREENWOOD, KEVIN
Address: 529 ROLLINS INDUSTRIAL BLVD.
City-St-Zip: RINGGOLD, GA 30736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GREENWOOD, KEVIN
Address: 529 ROLLINS INDUSTRIAL BLVD.
City-St-Zip: RINGGOLD, GA 30736

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: JUSTIN CRUMP

ACCT

05/01/2009

Electronic Signature of Signing Officer or Director

Date