

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002472

FILED
Apr 15, 2008
Secretary of State

Entity Name: HEALTH AND REHABILITATION CONSULTANTS, INC.

Current Principal Place of Business:

PHYSICAL THERAPY OF SANIBEL
4301 SANIBEL-CAPTIVA ROAD
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

Current Mailing Address:

PHYSICAL THERAPY OF SANIBEL
4922 COLUMBIA RD
CEDARBURG, WI 53012

New Mailing Address:

FEI Number: 39-1550272 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: PT () Delete
Name: OLSEN, JOANNE
Address: 8679 PLEASANT VALLEY ROAD
City-St-Zip: SAUKVILLE, WI 53080

Title: VS () Delete
Name: OLSEN, DONALD
Address: 8679 PLEASANT VALLEY ROAD
City-St-Zip: SAUKVILLE, WI 53080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOANNE OLSEN

PT

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date