

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90021 010 \*\*\*150.00

**DOCUMENT # G15435**

1. Entity Name  
GREENE REHAB SERVICES, P.A.



**Principal Place of Business**

333 S TAMiami TRAIL  
STE 207  
VENICE, FL 34285 US

**Mailing Address**

333 S TAMiami TRAIL  
STE 207  
VENICE, FL 34285 US

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2247135

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREENE, CHRISTINE  
333 S TAMiami TRAIL  
STE 207  
VENICE, FL 34285

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VS  
NAME GREENE, CHRISTINE  
STREET ADDRESS 201 SUNSET DR  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE PT  
NAME GREENE, BRIAN R  
STREET ADDRESS 201 SUNSET AVE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Brian R Greene Brian R Greene 2/6/06 941-484-2471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #