


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90043 015 \*\*\*150.00

**DOCUMENT # G50176**

1. Entity Name  
**PROFESSIONAL REHABILITATION CONSULTANTS, INC.**



Principal Place of Business <b>3031 HAWKS LANDING DRIVE TALLAHASSEE, FL 32312 US</b>	Mailing Address <b>3031 HAWKS LANDING DRIVE TALLAHASSEE, FL 32312 US</b>
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**DO NOT WRITE IN THIS SPACE**

40021033



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2293738</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**STEELE, CONNIE  
3031 HAWKS LANDING DRIVE  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, CONNIE A 3031 HAWKS LANDING DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEELE, STEVEN R 3031 HAWKS LANDING DRIVE TALLAHASSEE, FL
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**DO NOT WRITE  
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: Connie Steele Date: 2/16/07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR