## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50176

FILED Apr 13, 2009 Secretary of State

Entity Name: PROFESSIONAL REHABILITATION CONSULTANTS, INC.

Entity Nam	ie: PROFESS	IONAL REHABILITATION CO	ONSULTANTS, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KS LANDING E SEE, FL 3231:				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3031 HAWKS LANDING DRIVE TALLAHASSEE, FL 32312 US			3031 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 US		
FEI Number:	59-2293738	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
TALLAHAS	KS LANDING E SEE, FL 3230a named entity su of Florida.	8 US	purpose of changing its register	ed office or registered agent, or both,	
01011/11011		Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I STEELE, CONNI 3031 HAWKS LA TALLAHASSEE,	NDING DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD ()[ STEELE, STEVE 3031 HAWKS LA TALLAHASSEE,	NDING DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CONNIE STEELE PRES 04/13/2009