

**2007 NOT-FOR-PROFIT CORPORATION .
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N02000007307

1. Entity Name
**INDEPENDENT CLINICAL REHABILITATION RESEARCH,
INC.**



Principal Place of Business

**5757 BOOTH ROAD
BUILDING 100
JACKSONVILLE, FL 32207-5981**

Mailing Address

**5757 BOOTH ROAD
BUILDING 100
JACKSONVILLE, FL 32207-5981**



04022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0590525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J ESQ
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32216**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000725875
05/03/07-80039-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MUENZ, JOHN A JR, MD
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, DONALD
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAYFIELD, CLIFFORD
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGARITY, DON
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
MUENZ, LAURIE K
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBINSON, GEORGE I
5757 BOOTH ROAD, BUILDING 100
JACKSONVILLE, FL 32207**

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. MUENZ, JR, MD 19 APRIL 2007 (904) 739-1776

Date

Daytime Phone #