


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 045 ****61.25

DOCUMENT # N03000010317
1. Entity Name
PHOENIX REHABILITATION CONSULTING SERVICES INC.



Principal Place of Business: 1537 JOSEPH CIRCLE, GULF BREEZE FL 32563
Mailing Address: 1537 JOSEPH CIRCLE, GULF BREEZE FL 32563



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: 26-0068628
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAUFER, MARK W
1537 JOSEPH CIRCLE
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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 reconstituting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> Delete
NAME: GILLESPIE, LESLIE A	
STREET ADDRESS: 4546 AMBLEWOOD DRIVE	
CITY-ST-ZIP: PACE FL 32571	
TITLE: D	<input type="checkbox"/> Delete
NAME: MAYEAUX, DENNIS	
STREET ADDRESS: 5624 RUSSELL DR	
CITY-ST-ZIP: MILTON FL 32570	
TITLE: D	<input type="checkbox"/> Delete
NAME: LAUFER, MARK W	
STREET ADDRESS: 1537 JOSEPH CIRCLE	
CITY-ST-ZIP: GULF BREEZE FL 32563	
TITLE: D	<input type="checkbox"/> Delete
NAME: MAYEAUX, JANET	
STREET ADDRESS: 5624 RUSSELL DR	
CITY-ST-ZIP: MILTON FL 32570	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: HAYES, HOLLY	
STREET ADDRESS: 6000 TANGLEWOOD DR	
CITY-ST-ZIP: MILTON FL 32570	
TITLE: D	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Teresa LaPorta	
STREET ADDRESS: 3033 Graystone Dr.	
CITY-ST-ZIP: Pace, FL 32571	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark W. Lauder* 02/30/06 (850) 934-9197