

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 22, 2007
Secretary of State**

DOCUMENT# N03000010317

Entity Name: PHOENIX REHABILITATION CONSULTING SERVICES INC.**Current Principal Place of Business:**3110 COBBLESTONE DR.
PACE, FL 32571**New Principal Place of Business:****Current Mailing Address:**3110 COBBLESTONE DR.
PACE, FL 32571**New Mailing Address:**

FEI Number: 26-0068628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LAUFER, MARK W
3110 COBBLESTONE DR.
PACE, FL 32571 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: D () Delete
Name: GILLESPIE, LESLIE A
Address: 4546 AMBLEWOOD DRIVE
City-St-Zip: PACE, FL 32571Title: D () Delete
Name: MAYEAUX, DENNIS
Address: 5624 RUSSELL DR
City-St-Zip: MILTON, FL 32570Title: D () Delete
Name: LAUFER, MARK W
Address: 1537 JOSEPH CIRCLE
City-St-Zip: GULF BREEZE, FL 32563Title: D () Delete
Name: MAYEAUX, JANET
Address: 5624 RUSSELL DR
City-St-Zip: MILTON, FL 32570Title: D () Delete
Name: LAPORTA, TERESA
Address: 3023 GRAYSTONE DR
City-St-Zip: PACE, FL 32571Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: CARSWELL, EARNESTINE
Address: 803 LAUREL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W. LAUFER

D

05/22/2007

Electronic Signature of Signing Officer or Director_____
Date