


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010317

1. Entity Name
PHOENIX REHABILITATION CONSULTING SERVICES INC.



Principal Place of Business Mailing Address
3110 COBBLESTONE DR. 3110 COBBLESTONE DR.
PACE FL 32571 PACE FL 32571



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
26-0068628 Not Applicable

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

6. Name and Address of Current Registered Agent

LAUFER, MARK W
3110 COBBLESTONE DR.
PACE FL 32571

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 DRIVE
CITY-ST-ZIP	MILTON FL 32570
TITLE	D <input type="checkbox"/> Delete
NAME	LAUFER, MARK W
STREET ADDRESS	3110 COBBLESTONE DRIVE
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	ELENA, LAUFER
STREET ADDRESS	3110 COBBLESTONE DRIVE
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	LAPORTA, TERESA
STREET ADDRESS	3023 GRAYSTONE DRIVE
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input type="checkbox"/> Delete
NAME	CARSWELL, EARNESTINE
STREET ADDRESS	803 LAUREL DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL 32547

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000841862
STREET ADDRESS	03/11/08-80005-007 61.25
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	
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. Lauffer Mark W. Lauffer 02/25/08 (750) 995-0103