

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010317

FILED
Mar 20, 2009
Secretary of State

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 32571

Title: D () Delete
Name: MAYEAUX, DENNIS
Address: 5624 RUSSELL DRIVE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: LAUFER, MARK W
Address: 3110 COBBLESTONE DRIVE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: ELENA, LAUFER
Address: 3110 COBBLESTONE DRIVE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: LAPORTA, TERESA
Address: 3023 GRAYSTONE DRIVE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: CARSWELL, EARNESTINE
Address: 803 LAUREL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

DIR.

03/20/2009

Electronic Signature of Signing Officer or Director

Date