


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 010 ****70.00

DOCUMENT # N93000002814	
1. Entity Name COMMUNITY REHABILITATION CENTER, INC.	

Principal Place of Business 623 BEECHWOOD ST JACKSONVILLE, FL 32206 US	Mailing Address 623 BEECHWOOD ST JACKSONVILLE, FL 32206 US
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40000011



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

04102007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State: 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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TWIGGS, STANLEY			NAME			
STREET ADDRESS	623 BEECHWOOD ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAFFNEY, REGINALD			NAME			
STREET ADDRESS	623 BEECHWOOD ST			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE, TIMOTHY			NAME			
STREET ADDRESS	221 N. HOGAN STREET, #274			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYMORE, LEON			NAME			
STREET ADDRESS	525 NEW BRANSWICK TERR			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MILDRED			NAME	Deborah Maina		
STREET ADDRESS	6705 FINCANNON RD			STREET ADDRESS	5541 Arlington Rd # Suite 2		
CITY-ST-ZIP	JACKSONVILLE, FL 32277			CITY-ST-ZIP	Jacksonville, FL 32211		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ DATE: **4/11/07** DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR