

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004779

FILED
May 06, 2007
Secretary of State

Entity Name: 3H REHAB SERVICES, INC.

Current Principal Place of Business:

1783 NOLAN ROAD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1055
MIDDLEBURG, FL 32050 US

New Mailing Address:

FEI Number: 59-3276526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER, KIM
1783 NOLAN RD
MIDDLEBURG, FL 32065 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: NASCA, SANDRA
Address: 299 SOUTH ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: M () Delete
Name: FOWLER, KIM
Address: 1783 NOLAN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: P () Delete
Name: NIMNIGHT, EDWARD II
Address: 7999 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HAMMILL, DAVID
Address: 421 OCEAN WALK DR SOUTH
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: FOWLER, DAVID
Address: 1783 NOLAN ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: O'REILLY, BARBARA
Address: 1370 13TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: KIMBERLY FOWLER

M

05/06/2007

Electronic Signature of Signing Officer or Director

_____ Date