2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N99000007667

Entity Name: SOUTHERN REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

213 MADISON STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P O BOX 3674
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3511618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, THOMAS D LMHC
6 MILTON ST.
ST. AUGUSTINE, FL 320842114 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: PTD ( ) Delete
Name: PIERCE, THOMAS D
Address: 6 MILTON ST.
City-St-Zip: ST. AUGUSTINE, FL 320842114

Title: D ( ) Delete
Name: BENNETT, ROBERT H MPT
Address: 4611 TILLMAN BLUFF RD
City-St-Zip: VALDOSTA, GA 31605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS PIERCE PTD 04/21/2008

Electronic Signature of Signing Officer or Director Date