

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089453

FILED
Mar 28, 2007
Secretary of State

Entity Name: CERTIFIED REHABILITATION CENTER OF FLORIDA, INC.

Current Principal Place of Business:

150 SECOND AVE.
SUITE 340
NASHVILLE, TN 37201

New Principal Place of Business:

3600 WILLIAM PENN WAY
VENICE, FL 34293

Current Mailing Address:

150 SECOND AVE.
SUITE 340
NASHVILLE, TN 37201

New Mailing Address:

FEI Number: 58-2574317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUTCHINSON, WILLIAM
Address: 8700 BOULEVARD EAST #2E
City-St-Zip: NORTH BERGEN, NJ 07047

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: LEPLEY, LAWRENCE W JR
Address: 150 2ND AVE N, SUITE 340
City-St-Zip: NASHVILLE, TN 37201 US

Title: MR. () Change (X) Addition
Name: BOERKOEL, DAVID
Address: 150 2ND AVE N, SUITE 340
City-St-Zip: NASHVILLE, TN 37201 US

Title: MS. () Change (X) Addition
Name: THOMPSON, LEIGH A
Address: 150 2ND AVE N, SUITE 340
City-St-Zip: NASHVILLE, TN 37201 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGH ANN THOMPSON

VP

03/28/2007

Electronic Signature of Signing Officer or Director

Date