

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108905

FILED
Jan 19, 2006
Secretary of State

Entity Name: COMMUNITY REHAB ASSOCIATES, INC.

Current Principal Place of Business:

3950 3RD ST N
SUITE D
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

821 39TH AVE NE
SAINT PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3684604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONNELL, KELLY
821 39TH AVE N
ST PETERSBURG, FL 33703 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: OWNE () Delete
Name: MCDONNELL, KELLY
Address: 821 59TH AVE. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: MCDONNELL, KELLY
Address: 821 39TH AVE. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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: KELLY MCDONNELL

Electronic Signature of Signing Officer or Director

OWNE

01/19/2006

_____ Date