


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000007525 1. Entity Name REHAB G.V. COMPREHENSIVE, INC.	
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Principal Place of Business 124 S FLORIDA ST BUSHNELL, FL 33513	Mailing Address 124 S FLORIDA ST BUSHNELL, FL 33513
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0457902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGGETT, JUDSON 6815 DAIRY ROAD ZEPHYRHILLS, FL 33540
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000712711 04/26/07-80058-019 300.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERGES, BAHAA R 32510 CRYSTAL BREEZE LN LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICIOSO, MYRIAM 32510 CRYSTAL BREEZE LN LEESBURG, FL 34788
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TITLE NAME STREET ADDRESS 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 607, 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.
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SIGNATURE: <i>X Bahaa R Gerges</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>X 4/11/2007 X</i> Date	<i>352 7938661</i> Daytime Phone #
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IN THIS SPACE**

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