


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90083 012 ***158.75

DOCUMENT # P02000062876		
1. Entity Name FIRST COAST COMPREHENSIVE HEALTH AND REHABILITATION, INC.		

Principal Place of Business 1008 BLACKBERRY LANE JACKSONVILLE, FL 32259	Mailing Address P.O. BOX 58196 JACKSONVILLE, FL 32241-8196
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94053100



2. Principal Place of Business 4425 Merrimac Ave Suite # 2		3. Mailing Address Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32210	Country Duval	Zip	Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0090816	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLEREN, TODD 1008 BLACKBERRY LANE JACKSONVILLE, FL 32259	
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7. Name and Address of New Registered Agent Name: mcclerren, Todd Street Address (P.O. Box Number is Not Acceptable): 4425 Merrimac Ave Suite # 2 City: Jacksonville FL Zip Code: 32210	
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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: President DATE: 4/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLEREN, TODD P.O. BOX 58196 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ADRIANA MCCLEREN DATE: 4/17/04 DAYTIME PHONE #: 904-387 2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR