

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90255 043 ***150.00

DOCUMENT # P02000062876 1. Entity Name FIRST COAST COMPREHENSIVE HEALTH AND REHABILITATION, INC.					
Principal Place of Business 5913 NORMANDY BLVD 11 JACKSONVILLE, FL 32205			Mailing Address P.O. BOX 58196 JACKSONVILLE, FL 32241-8196		
2. Principal Place of Business - No P.O. Box # 1561 Cassat Ave		3. Mailing Address Suite, Apt. #, etc. Jacksonville FL			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 30-0090816	
Zip 32210		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLEREN, TODD 4425 MERRIMAC AVE. STE. 2 JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Mccleren, Todd Street Address (P.O. Box Number is Not Acceptable) 1561 Cassat Ave City Jax FL Zip Code 32210		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: _____		4/19/07 904.9944833			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			