

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062876

FILED
Apr 07, 2008
Secretary of State

Entity Name: FIRST COAST COMPREHENSIVE HEALTH AND REHABILITATION, INC.

Current Principal Place of Business:

1561 CASSAT AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

12428 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223

Current Mailing Address:

1561 CASSAT AVE
JACKSONVILLE, FL 32210

New Mailing Address:

P. O. BOX 57967
JACKSONVILLE, FL 32241

FEI Number: 30-0090816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLEREN, TODD
1561 CASSAT AVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

MCCLEREN, TODD
12428 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223 US

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: TODD MCCLERREN

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLERREN, TODD
Address: P.O. BOX 58196
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCLERREN, TODD
Address: P.O. BOX 57967
City-St-Zip: JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify 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: TODD MCCLERREN

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date