

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000062876

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

14656 PLUMOSA DRIE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 50853  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**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  
14656 PLUMOA DRIVE  
JACKSONVILLE BEACH, FL 32250 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: P  
Name: MCCLERREN, TODD  
Address: P.O. BOX 50853  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

I hereby 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 all other like empowered.

**SIGNATURE:** ADRIANA MCCLERREN

MGR

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date