

2007 FOR PROFIT CORPORATION. AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012890

1. Entity Name
CENTURY REHABILITATION, INC.



Principal Place of Business
110 CENTURY BLVD
WEST PALM BEACH, FL 33417

Mailing Address
110 CENTURY BLVD
WEST PALM BEACH, FL 33417

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11202007

Chg-P

CR2E034 (12/06)

4. FEI Number
33-1042904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, JOSEPH
860 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: David J. Menkhaus
Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Rd.
Suite 401
City: Boca Raton FL Zip Code: 33431

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

David J. Menkhaus 11/27/07
(NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD
NAME: KENNEDY, JOHN ☒ Delete
STREET ADDRESS: 110 CENTURY BLVD
CITY-ST-ZIP: WEST PALM BEACH, FL 33417

TITLE: VSD
NAME: ESTRA, BRAD ☐ Delete
STREET ADDRESS: 110 CENTURY BLVD
CITY-ST-ZIP: WEST PALM BEACH, FL 33417

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President ☐ Change ☒ Addition
NAME: Alt. Leg
STREET ADDRESS: 110 Century Blvd
CITY-ST-ZIP: West Palm Beach, FL 33417

TITLE: m.d. ☐ Change ☒ Addition
NAME: Garrett Bragg
STREET ADDRESS: 6450 N.W. 55th Way
CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE: ☐ Change ☒ Addition
NAME: David J. Menkhaus
STREET ADDRESS: 1900 Glades Rd. #401
CITY-ST-ZIP: Boca Raton, FL 33431

TITLE: ☐ Change ☒ Addition
NAME: Denise Bragg
STREET ADDRESS: 6450 N.W. 55th Way
CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE: ☐ Change ☐ Addition
NAME: 300112805019
STREET ADDRESS: 12/04/07--01012--015 **\$1.25
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/07 5613947910
Date Daytime Phone #