

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113969

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** COMPLETE REHAB AND MEDICAL CENTERS OF WEST PALM, INC.

**Current Principal Place of Business:**

4935 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 741235  
BOYNTON BEACH, FL 33474 US

**New Mailing Address:**

**FEI Number:** 26-0057218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUER, BRIAN  
4315 W. TRADEWINDS AVE  
LAUDERDALE BY THE SEA, FL 33308 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 ( ) Delete  
Name: BAUER, BRIAN  
Address: 4315 W. TRADEWINDS AVENUE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: S ( ) Delete  
Name: BAUER, JERRY  
Address: 7278 KAHANA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VALERIE CASTROVINCI

MGR

03/23/2009

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

\_\_\_\_\_  
Date