

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141473

FILED
Feb 09, 2006
Secretary of State

Entity Name: COMMUNITY HEALTH AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

3611 TRANSMITTER ROAD
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

3611 TRANSMITTER ROAD
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 20-0439191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRISON, WILLIAM G JR
420 W BEACH DRIVE
PANAMA CITY, FL 32401 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,T (X) Delete
Name: WARREN, JOHN
Address: 3611 TRANSMITTER ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: D,S () Delete
Name: GALLAGHER, DUANE
Address: 3611 TRANSMITTER ROAD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPS (X) Change () Addition
Name: GALLAGHER, DUANE
Address: 3611 TRANSMITTER ROAD
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the 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: S DUANE GALLAGHER

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date