

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000016043**

1. Entity Name  
**COMPLETE REHAB SOLUTIONS, INC.**



Principal Place of Business  
**5011 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076**

Mailing Address  
**5011 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076**



05062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>90-0138032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ALHANTI, BRIAN E  
5011 NW 125TH AVENUE  
CORAL SPRINGS, FL 33076**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$650.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000949372  
06/03/08-80026-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALHANTI, BRIAN E 5011 NW 125TH AVENUE CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALHANTI, ELIZABETH G 5011 NW 125TH AVENUE CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-08 (954) 254-1045