

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 036 ***150.00

DOCUMENT # P04000044258

1. Entity Name
DOCTORS' REHAB, INC.



Principal Place of Business
**21905 US HIGHWAY 19 NORTH
CLEARWATER, FL 33765-2342**

Mailing Address
**21905 US HIGHWAY 19 NORTH
CLEARWATER, FL 33765-2342**

50001189



2. Principal Place of Business - No P.O. Box #
600 North Blvd West

3. Mailing Address
P.O. Box 490509

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.

City & State
Leesburg FL

City & State
Leesburg FL

Zip
34748

Country
US

Zip
34749

Country
US

02062008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0847695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name **Goldstein, Gerald**
Street Address (P.O. Box Number is Not Acceptable)
2918 Cocovia Way
City **Leesburg** FL Zip Code **34748**

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]

3-21-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **RODRIGUEZ, DONNA J**
STREET ADDRESS **21905 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **VP** ☒ Delete
NAME **LAVORE, JOSEPH S**
STREET ADDRESS **21905 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **SEC** ☒ Delete
NAME **RODRIGUEZ, DONNA J**
STREET ADDRESS **21905 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Goldstein, Gerald**
STREET ADDRESS **2918 Cocovia Way**
CITY-ST-ZIP **Leesburg FL 34748**

TITLE **V** ☐ Change ☒ Addition
NAME **Goldstein, Robert**
STREET ADDRESS **10160 SE 139th Place**
CITY-ST-ZIP **Summerfield, FL 34491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

3-21-08

(352) 787-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALD GOLASTEIN