## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000057478

Entity Name: RICKS' REHAB, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11801 NW 37TH PLACE 1911 NW 150TH AVE SUNRISE, FL 33323

SUITE 204

PEMBROKE PINES, FL 33028

**Current Mailing Address:** New Mailing Address:

11801 NW 37TH PLACE PO BOX 820297

SUNRISE, FL 33323 PEMBROKE PINES, FL 33082

FEI Number: 51-0503790 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WILSON, RICKY B WILSON, RICKY B 11801 NW 37TH PLACE 1911 NW 150TH AVE SUNRISE, FL 33323 204

PEMBROKE PINES, FL 33028 US

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: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: **PSTD** (X) Change ( ) Addition

WILSON, RICKY B WILSON, RICKY B Name: Name: 11801 NW 37TH PLACE 1911 NW 150TH AVE, 204 Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: PEMBROKE PINES, FL 33028

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: RICKY WILSON **PSTD** 04/30/2007