

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000100581**

1. Entity Name  
FUNCTION FIRST REHAB, INC.



Principal Place of Business  
692 BRIDAL AVENUE  
JACKSONVILLE, FL 32205 US

Mailing Address  
692 BRIDAL AVENUE  
JACKSONVILLE, FL 32205 US



04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1325626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

CONNER, STEVEN W  
1106 PARK AVENUE  
ORANGE PARK, FL 32073

**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 \$150.00  
After May 1, 2006 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
NAME	QUINTON, TARA
STREET ADDRESS	692 BRIDAL AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	VP
NAME	QUINTON, TARA
STREET ADDRESS	692 BRIDAL AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	SEC
NAME	QUINTON, TARA
STREET ADDRESS	692 BRIDAL AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	TREA
NAME	QUINTON, TARA
STREET ADDRESS	692 BRIDAL AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000528740  
05/05/06-80050-003 150.00

**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:**

*Tara Quinton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06  
Date

(904)382-5034  
Daytime Phone #