

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90263 047 \*\*\*150.00

DOCUMENT # P04000100581



1. Entity Name  
FUNCTION FIRST REHAB, INC.

Principal Place of Business

Mailing Address

~~692 BRIDAL AVENUE~~  
~~JACKSONVILLE, FL 32205~~ US  
NEW ADDR

~~692 BRIDAL AVENUE~~  
~~JACKSONVILLE, FL 32205~~ US

2. Principal Place of Business - No P.O. Box #  
2788 WOOD STORK TRAIL

3. Mailing Address  
2788 WOOD STORK TRAIL



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State  
ORANGE PARK, FL

City & State  
ORANGE PARK, FL

4. FEI Number  
20-1325626

Applied For  
Not Applicable

Zip  
32073

Country  
US

Zip  
32073

Country  
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P. QUINTON, TARA  
692 BRIDAL AVENUE 2788 WOOD STORK TRAIL  
JACKSONVILLE, FL 32205 ORANGE PARK, FL 32073

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

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

4/15/07  
Date

904-382-5034  
Daytime Phone #