

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000108822



1. Entity Name  
COMPREHENSIVE REHAB INC.

Principal Place of Business  
2721 AMANDA KAY WAY  
KISSIMMEE, FL 34744

Mailing Address  
2721 AMANDA KAY WAY  
KISSIMMEE, FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

BEAPOT, DALE  
2536 BROOKSTONE DR.  
KISSIMMEE, FL 34744

> address change

Name *Beapot, Dale*  
Street Address (P.O. Box Number is Not Acceptable)  
*4504 Ross Conver Lane*  
City *Kissimmee* FL *34758*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELREBEY, SAID 2721 AMANDA KAY WAY KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAPOT, DALE 2536 BROOKSTONE DR. KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Dale Beapot 4504 Ross Conver Lane Kissimmee FL 34758</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JESREAL 224 BAY POINT DR. DAVENPORT, FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLAS, WADE 1830 SHEAR WATER POINT, APT. 202 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale Beapot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 319-3872  
407-  
Date Daytime Phone #

Date

Daytime Phone #

**FILED  
Jan 20, 2006 8:00 am  
Secretary of State**

01-20-2006 90031 042 \*\*\*150.00