2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000167335

CONTINENTAL REHAB CENTER, INC.



FILED Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90006 015 ***158.75

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Country Country Zip Country S. Certificate of Status Desired E S. 7.5 Additional Fee Required	City & State		City & State		I			_ 	`		
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FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$\$50.00 STREET ADDRESS CITY-ST-2P TITLE NAME STRE		6. Name and Address of Current Registered Agent				7. Name and	Address of New R	legistered Aç	jent		
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, pose or printed name of impatient agent and see Aspectable. (Incite Registered Agent separare required when reinstating) PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D' SAULIVONNE SHEEL ADDRESS ONLY STREET ADDRE	•		Name								
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	2300 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature											
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.											
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12. Thereby certify that the information supplied with this filing does not dualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information											

indicated on this report or supplied with ans litting does not quanty 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:

FICER OR DIRECTOR