

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 028 ***150.00

DOCUMENT # P05000109540

1. Entity Name
RAE'S MOBILE REHAB INC.



Principal Place of Business
**5446 1ST AVE SOUTH
SAINT PETERSBURG, FL 33707 US**

Mailing Address
**5446 1ST AVE SOUTH
SAINT PETERSBURG, FL 33707 US**

66008946



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

**DUSAN
KEVAN, PATRICK
4227 GULF BLVD.
ST. PETE BEACH, FL 33706**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

11/10/06
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
**OWNER
RAE Goulet
5446 1ST AVE S
SAINT PETERSBURG FL 33707**

☐ Delete

TITLE
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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
ROBERT L. MORIN
10365 PARADISE BLVD
TREASURE ISLAND FL 33706**

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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:

[Signature] **RAE Goulet**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06

Date

727 641 8749

Daytime Phone #