

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162688

Entity Name: GAC REHAB SERVICES, INC.

FILED  
Apr 13, 2007  
Secretary of State

## Current Principal Place of Business:

405 SOUTH L STREET  
LAKE WORTH, FL 33460

## New Principal Place of Business:

## Current Mailing Address:

405 SOUTH L STREET  
LAKE WORTH, FL 33460

## New Mailing Address:

FEI Number: 20-3939553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

CHAFFIN, GREGORY  
405 SOUTH L STREET  
LAKE WORTH, FL 33460 US

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.

SIGNATURE: GREGORY CHAFFIN

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: CHAFFIN, GREGORY A  
Address: 405 SOUTH L STREET  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY CHAFFIN

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date