

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164503

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: PHOENIX THERAPY AND REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

16244 S MILITARY TRAIL  
STE 290  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16244 S MILITARY TRAIL  
STE 290  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 20-3970405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, DAVID  
16244 S. MILITARY TRAIL  
SUITE 290  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: LIVINGSTON, DAVID  
Address: 16244 S MILITARY TRAIL - STE 290  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD ( ) Delete  
Name: LIVINGSTON, CAROLINE  
Address: 16244 S MILITARY TRAIL - STE 290  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LIVINGSTON

DR.

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date