

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000099870

FILED
Aug 08, 2007
Secretary of State

Entity Name: COMMUNITY REHAB CENTER INC

Current Principal Place of Business:

2800 NORTH MILITARY TRAIL
UNIT 104
WEST PALM BEACH, FL 334092952 US

New Principal Place of Business:

Current Mailing Address:

2800 NORTH MILITARY TRAIL
UNIT 104
WEST PALM BEACH, FL 334092952 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANON, JEANNOT
6079 FAIRGREEN ROAD
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

COCKRELL, CARLINE P
4927 LOMBARD PASS DRIVE
LAKE WORTH, FL 33463 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: CARLINE COCKRELL

08/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COCKRELL, CARLING M
Address: 4927 LOMBARD PASS DRIVE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP (X) Delete
Name: SANON, JEANNOT
Address: 6079 FAIRGREEN ROAD
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: CARLINE COCKRELL

P

08/08/2007

Electronic Signature of Signing Officer or Director

Date