2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# P06000103190

Entity Name: MCGOWAN SPINAL REHABILITATION CENTER, P.A.

Current Principal Place of Business:

4561 OAK BAY DR W
JACKSONVILLE, FL 32277

New Principal Place of Business:

3636 UNIVERSITY BLVD. S.
A-9
JACKSONVILLE, FL 32216

Current Mailing Address:

4561 OAK BAY DR W
JACKSONVILLE, FL 32277

New Mailing Address:

3636 UNIVERSITY BLVD. S.
A-9
JACKSONVILLE, FL 32216

FEI Number: 03-0601943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCGOWAN, SHELITA
4561 OAK BAY DR W
JACKSONVILLE, FL 32277 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCGOWAN, SHELITA
Address: 4561 OAK BAY DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: MCGOWAN, ROYCE
Address: 4561 OAK BAY DR W
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.C. (X) Change ( ) Addition
Name: MCGOWAN, SHELITA
Address: 4561 OAK BAY DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: D.C. (X) Change ( ) Addition
Name: MCGOWAN, ROYCE
Address: 4561 OAK BAY DR W
City-St-Zip: JACKSONVILLE, FL 32277

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: SHELITA S. MCGOWAN D.C. 07/11/2007

Electronic Signature of Signing Officer or Director Date