

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 043 ***150.00

DOCUMENT # P06000125346					
1. Entity Name HIGHLANDS REHAB, INC.					
Principal Place of Business 5005 SUN N'LAKE BLVD SEBRING, FL 33872		Mailing Address 5005 SUN N'LAKE BLVD SEBRING, FL 33872			
2. Principal Place of Business - No P.O. Box # Highlands Rehab Inc		3. Mailing Address 5005 Sun n-lake Blvd			
Suite, Apt. #, etc. 5005 sun-n-lake Blvd		Suite, Apt. #, etc. SEBRING Florida			
City & State Sebring		City & State			
Zip 33872	Country U.S.A	Zip 33872	Country U.S.A	4. FEI Number 20-562-8880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ISAAC, SR., ROOSEVELT S 347 SOUTH ORANGE AVENUE ARCADIA, FL 34266			7. Name and Address of New Registered Agent		
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: ISAAC ROOSEVELT SR. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAXIME, ALPHONSUS 5005 SUN N'LAKE BLVD SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date: 7/2/07		Daytime Phone #: 863-382-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #