

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128528

FILED  
May 02, 2008  
Secretary of State

Entity Name: NEURO-REHAB OF ORMOND BEACH, P.A.

**Current Principal Place of Business:**

29 MARJORIE TRAIL  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

29 MARJORIE TRAIL  
ORMOND BCH, FL 32174

**New Mailing Address:**

FEI Number: 20-5685165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAIK, EMMA  
29 MARJORIE TRAIL  
ORMOND BCH, FL 32174 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: CRAIK, EMMA  
Address: 29 MARJORIE TRAIL  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: REINTJES, HENDRIKA  
Address: 29 MARJORIE TRAIL  
City-St-Zip: ORMOND BCH, FL 32174

**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: EMMA CRAIK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

05/02/2008

\_\_\_\_\_  
Date