

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156061

FILED
Jun 25, 2008
Secretary of State

Entity Name: C&G REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2159 POLO GARDENS DRIVE
SUITE 205
WELLINGTON, FL 33414

New Principal Place of Business:

698 PERDIDO HEIGHTS DRIVE
GREENACRES, FL 33413

Current Mailing Address:

2159 POLO GARDENS DRIVE
SUITE 205
WELLINGTON, FL 33414

New Mailing Address:

698 PERDIDO HEIGHTS DRIVE
GREENACRES, FL 33413

FEI Number: 20-8097728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, CHRISTOPHER R
2159 POLO GARDENS DRIVE
SUITE 205
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

QUINONES, CHRISTOPHER R
698 PERDIDO HEIGHTS DRIVE
GREENACRES, FL 33413 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:

06/25/2008

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: DPT () Delete
Name: QUINONES, CHRISTOPHER R
Address: 2159 POLO GARDENS DRIVE, SUITE 205
City-St-Zip: WELLINGTON, FL 33414

Title: DVS () Delete
Name: QUINONES, GLADYS REYELLE
Address: 2159 POLO GARDENS DRIVE, SUITE 205
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: QUINONES, CHRISTOPHER R
Address: 698 PERDIDO HEIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: DVS (X) Change () Addition
Name: QUINONES, GLADYS REYELLE
Address: 698 PERDIDO HEIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33413

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: CHRISTOPHER QUINONES

P

06/25/2008

Electronic Signature of Signing Officer or Director

Date