

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028275

FILED
Apr 25, 2009
Secretary of State

Entity Name: COMPREHENSIVE REHAB CENTER, INC.

Current Principal Place of Business:

5530 LAKE HOWELL ROAD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

7524 BRIGHTWATER PLACE
OVIEDO, FL 32765

New Mailing Address:

5530 LAKE HOWELL ROAD
WINTER PARK, FL 32792

FEI Number: 20-8603443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZER, EHAB S
1670 CANOE CREEK RD
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

FATEN, MALAK N
5530 LAKE HOWELL ROAD
WINTER PARK, FL 32792 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: FATEN MALAK

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALAK, FATEN N
Address: 5530 LAKE HOWELL ROAD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FATEN MALAK

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date