

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037575

FILED
Mar 24, 2008
Secretary of State

Entity Name: PREFERRED REHAB SPECIALISTS, INC.

Current Principal Place of Business:

1315 SE 25TH LOOP STE 102
OCALA, FL 34471

New Principal Place of Business:

1315 SE 25TH LOOP
SUITE 102
OCALA, FL 34471

Current Mailing Address:

1315 SE 25TH LOOP STE 102
OCALA, FL 34471

New Mailing Address:

1315 SE 25TH LOOP
SUITE 102
OCALA, FL 34471

FEI Number: 20-8714127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, TIMOTHY
6858 SE 12TH CIRCLE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

SULLIVAN, TIMOTHY
1315 SE 25TH LOOP
SUITE 102
OCALA, FL 34480 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:

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P () Change (X) Addition
Name: SULLIVAN, TIMOTHY L
Address: 6858 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: S/TR () Change (X) Addition
Name: SULLIVAN, ELLEN
Address: 6858 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

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: TIMOTHY SULLIVAN

D/P

03/24/2008

Electronic Signature of Signing Officer or Director

Date