

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000045330

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY REHABILITATION CENTER TRANSPORTATION, INC.

**Current Principal Place of Business:**

623 BEECHWOOD STREET  
SUITE #11  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

623 BEECHWOOD STREET  
SUITE #11  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

**FEI Number:** 42-1683849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAFFNEY, REGINALD  
1845 DAYTONA LANE  
JACKSONVILLE, FL 32218 US

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

AYERS, PAMELA L CFO  
623 BEECHWOOD STREET, SUITE 103  
JACKSONVILLE, FL 32206 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: PAMELA L AYERS

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GAFFNEY, REGINALD L  
Address: 1845 DAYTONA LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: PAMELA L AYERS

CFO

04/13/2012

Electronic Signature of Signing Officer or Director

Date