

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088544

FILED  
May 01, 2008  
Secretary of State

Entity Name: BASK REHABILITATION SERVICES INC

## Current Principal Place of Business:

1114 FLORIDA AVENUE  
SUITE C  
PALM HARBOR, FL 346834331

## New Principal Place of Business:

## Current Mailing Address:

1114 FLORIDA AVENUE  
SUITE C  
PALM HARBOR, FL 346834331

## New Mailing Address:

FEI Number: 26-0677436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRK, CAROLYN A  
1114 FLORIDA AVENUE  
SUITE C  
PALM HARBOR, FL 346834331 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: CEO ( ) Delete  
Name: BALDWIN, JOSEPH E  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

Title: P ( ) Delete  
Name: BALDWIN, JOSEPH E  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

Title: COO ( ) Delete  
Name: KIRK, CAROLYN A  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

Title: S ( ) Delete  
Name: KIRK, CAROLYN A  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

Title: VP ( ) Delete  
Name: KLINOWSKI, DOUGLAS M  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

Title: CFO (X) Delete  
Name: GRAY, DAVID L  
Address: 1114 FLORIDA AVENUE SUITE C  
City-St-Zip: PALM HARBOR, FL 346834331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID GRAY

CFO

05/01/2008

Electronic Signature of Signing Officer or Director

Date