

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105957

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** COMPREHENSIVE REHAB SERVICES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

796 CRESTVIEW CIRCLE  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 858  
DERBY, NY 14047

**New Mailing Address:**

**FEI Number:** 68-0659256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, JARETT  
88 VIVANTE BOULEVARD  
UNIT 8821  
PUNTA GORDA, FL 33950 US

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

PARKER, JARETT  
88 VIVANTE PARKWAY  
PUNTA GORDA, FL 33950 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/16/2009

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRIGAN, BARTHOLOMEW J  
Address: 69 HIGH VIEW TERRACE  
City-St-Zip: BUFFALO, NY 14220

**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: BARTHOLOMEW J HARRIGAN

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date