

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 039 ***150.00

DOCUMENT # P94000056048

1. Entity Name

PHOENIX REHABILITATION CORPORATION



Principal Place of Business

1537 JOSEPH CIR
GULF BREEZE FL 32563
US

Mailing Address

1537 JOSEPH CIR
GULF BREEZE FL 32563
US



2. Principal Place of Business - No P.O. Box #

4546 Amblerwood Ct.

Suite, Apt. #, etc.

3. Mailing Address

4546 Amblerwood Ct.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Pace FL

Zip
32571

Country

US

City & State

Pace FL

Zip
32571

Country

US

4. FEI Number

59-3260341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUFER, MARK W
1537 JOSEPH CIR
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name Gillespie, Leslie

Street Address (P.O. Box Number is Not Acceptable)

4546 Amblerwood Ct.

City

Pace

FL

Zip Code

32571

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Leslie Gillespie

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/24/2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, LESLIE A	
STREET ADDRESS	4646 AMBLEWOOD CT	
CITY - ST - ZIP	PACE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAUFER, MARK W	
STREET ADDRESS	1537 JOSEPH CIR	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie Gillespie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/24/2007

Daytime Phone #