

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000065496

1. Entity Name
GREATER POLK COUNTY REHAB SERVICES, INC.



Principal Place of Business
**150 AVE B SE
WINTER HAVEN, FL 33880**

Mailing Address
**150 AVE B SE
WINTER HAVEN, FL 33880**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0500010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COMKOWYCZ, SHARON
150 AVE B SE
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	KIRKLAND, MARY D
STREET ADDRESS	150 AVE B SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880

TITLE	P
NAME	COMKOWYCZ, SHARON
STREET ADDRESS	150 AVE B SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Comkowycz Sharon Comkowycz / 106 863 294-1169