FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90157 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000090319

1. Entity Name
PROFESSIONAL REHABILITATION CONSULTANTS OF NORTHWEST FLORIDA, INC.

40064983

Principal Place of Business	Mailing Address
~~4162 MADURA RD.~~ ~~GULF BREEZE, FL 32563~~	~~4162 MADURA RD.~~ ~~GULF BREEZE, FL 32563~~

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
164 Courtyard Circle	PO BOX 1898
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach, FL	City & State: Santa Rosa Beach, FL
Zip: 32450 Country: Walton	Zip: 32459 Country: Walton

4. FEI Number: 59-3286882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, BEVERLY
~~4162 MADURA RD.~~
~~GULF BREEZE, FL 32563~~
164 Courtyard Cir.
Santa Rosa Beach, FL 32459

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROOKS, BEVERLY ~~4162 MADURA RD.~~ 164 Courtyard Cir. ~~GULF BREEZE, FL 32563~~ Santa Rosa Beach FL 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Brooks, Beverly 164 Courtyard Circle Santa Rosa Beach, FL 32459 ☑ Change (address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Beverly G. Brooks BEVERLY G. Brooks 4/24/06 850 267-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #