2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90037 016 ***150.00

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1. Entity Name

MULBERRY REHABILITATION & FINANCIAL CONSULTING, INC.

Principal Place of Business	Mailing Address
3621 CLIPPER WAY TAVARES FL 32778 US	3621 CLIPPER WAY TAVARES FL 32778 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
313 Plantation Dr.	313 Plantation Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Manning, SC	City & State: Manning, SC
Zip: 29102 Country: USA	Zip: 29102 Country: USA

4. FEI Number 59-3307700 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOYLE, DOROTHY B 3621 CLIPPER WAY TAVARES FL 32778	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, 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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PSTC DOYLE, DOROTHY B 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	Doyle, Dorothy B. 313 Plantation Dr. Manning SC 29102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	Doyle LeRoy 313 Plantation Dr Manning SC 29102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

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: Dorothy B. Doyle Dorothy B. Doyle, Pres. 03/29/07 803-478-6578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #