

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90465 044 \*\*\*150.00

**DOCUMENT # P95000088808**

1. Entity Name  
**COMMUNITY CARE & REHABILITATION CENTER, INC.**



Principal Place of Business

**235 WEST HWY 50  
CLERMONT, FL 34711 US**

Mailing Address

**235 WEST HWY 50  
CLERMONT, FL 34711 US**

**DO NOT WRITE IN THIS SPACE**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3345468**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BADARNI, CAROLE  
10501 N CRESCENT LN  
CLERMONT, FL 34711**

**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

*Carole J. Badarni*

Signature, typed, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BADARNI, MEGAN  
10501 N CRESCENT LN  
CLERMONT, FL 34711**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
BADARNI, CAROLE J  
10501 N CRESCENT LN  
CLERMONT, FL 34711**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FORBES-THORNE, NATASHA  
P.O. BOX 176  
KILLARNEY, FL 34740**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

*Carole J. Badarni*

04/28/06