

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90249 010 \*\*\*150.00

**DOCUMENT # P96000019771**

1. Entity Name

FIRST PRIORITY REHAB, INC.



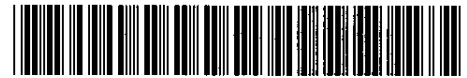
Principal Place of Business

67 KING FISHER WAY  
BOYNTON BEACH FL 33462

Mailing Address

67 KING FISHER WAY  
BOYNTON BEACH FL 33462

**54035641**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

7660 Oakboro Drive  
Suite, Apt. #, etc.

3. Mailing Address

7660 Oakboro Drive  
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

65-0652010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILL, SHARI LYN  
67 KING FISHER WAY  
BOYNTON BEACH FL 33462

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, 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, 2004 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 PSD ☐ Delete  
NAME GILL, SHARI LYN  
STREET ADDRESS 67 KING FISHER WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VTD ☐ Delete  
NAME GILL, JAY MICHAEL  
STREET ADDRESS 67 KING FISHER WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☐ Addition  
NAME Gill, Shari Lyn  
STREET ADDRESS 7660 Oakboro Drive  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE VTD ☒ Change ☐ Addition  
NAME Gill, Jay Michael  
STREET ADDRESS 7660 Oakboro Drive  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Shari Gill

Date

3/19/04

Daytime Phone #

562-434-2542