


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 039 ***150.00

DOCUMENT # P96000021913			
1. Entity Name CONCEPTS IN REHAB, INC.			
Principal Place of Business 4910 VICEROY CT SUITE 101 CAPE CORAL FL 33904		Mailing Address P.O. BOX 150969 CAPE CORAL FL 33915-0969	
2. Principal Place of Business 909 MIRAMAR ST.		3. Mailing Address	
Suite, Apt. #, etc. B/C		Suite, Apt. #, etc.	
City & State CAPE CORAL FL.		City & State	
Zip 33904	Country USA	Zip	Country

40048164



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PERKINS, DANIEL W 1828 CORAL CIRCLE NORTH FORT MYERS FL 33903		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 <u><i>Daniel W. Perkins</i></u> Daniel W. Perkins <u>3/1/05</u> 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, DANIEL W 1828 CORAL CIRCLE NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PERKINS, JACQUELINE 1828 CORAL CIRCLE NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Daniel W. Perkins* **Daniel W. Perkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05
Date

Daytime Phone #