

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 022 ***150.00

DOCUMENT # P96000021913 1. Entity Name CONCEPTS IN REHAB, INC.																							
Principal Place of Business 909 MIRAMAR ST CAPE CORAL, FL 33904			Mailing Address P.O. BOX 150969 CAPE CORAL, FL 33915-0969																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																					
4. FEI Number 65-0655320				Chg-P CR2E034 (12/06) Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 Joseph McGilurey Street Address (P.O. Box Number is Not Acceptable) 9099 Rad Canyon Dr City Fort Myers FL Zip Code 33908				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 4-23-08																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DP PERKINS, DANIEL W 1828 CORAL CIRCLE NORTH FORT MYERS, FL 33903</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>DST PERKINS, JACQUELINE 1828 CORAL CIRCLE NORTH FORT MYERS, FL 33903</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	DP PERKINS, DANIEL W 1828 CORAL CIRCLE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE	DST PERKINS, JACQUELINE 1828 CORAL CIRCLE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DP Joseph McGilurey 9099 Rad Canyon Dr Fort Myers, FL 33908</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>DVD Angela McGilurey 9099 Rad Canyon Dr Fort Myers, FL 33908</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE	DP Joseph McGilurey 9099 Rad Canyon Dr Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	DVD Angela McGilurey 9099 Rad Canyon Dr Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature typed or printed name of signing officer or director DATE 4-23-08 Daytime Phone #			
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