

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037837

**FILED**  
**Jan 26, 2008**  
**Secretary of State**

**Entity Name:** NEUROREHAB ASSOCIATES, INC.

**Current Principal Place of Business:**

2000 GLADES ROAD  
SUITE 208  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

308 COBBLE CREEK COURT  
DURHAM, NC 27712 US

**New Mailing Address:**

**FEI Number:** 65-0668236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPMAN, KRISTINE M  
2000 GLADES RD  
STE 208  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MS. ( ) Delete  
Name: ERB, DEBRA K  
Address: 308 COBBLE CREEK COURT  
City-St-Zip: DURHAM, NC 27712 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA K ERB

PRES

01/26/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date