

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089742

FILED
Apr 07, 2008
Secretary of State

Entity Name: FLAGLER INSTITUTE FOR REHABILITATION, INC.

Current Principal Place of Business:

311 GOLF ROAD
SUITE 1000
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1490 SW FLOUNDER LANE
PORT ST LUCIE, FL 34953

New Mailing Address:

311 GOLF ROAD
SUITE 1000
WEST PALM BEACH, FL 33407

FEI Number: 65-0703988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, DAVID E
505 S. FLAGLER DRIVE
SUITE 1100
W. PALM BEACH, FL 33401 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: P () Delete
Name: KUNKEL, KEVIN R
Address: 311 GOLF ROAD, SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33407

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: KEVIN KUNKEL

P

04/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date