

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009333

FILED
Apr 29, 2006
Secretary of State

Entity Name: COCONUT CREEK REHABILITATION, INC.

Current Principal Place of Business:

4915 COCONUT CRK. PKWY.
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4915 COCONUT CRK. PKWY.
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-0725581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ELIZABETH
4755 NW 76TH STREET
COCONUT CREEK, FL 33073 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: PSD () Delete
Name: COHEN, ELIZABETH
Address: 4755 NW 76TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: STD () Delete
Name: COHEN, ERICKA
Address: 4371 NW 51ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH COHEN

PSD

04/29/2006

Electronic Signature of Signing Officer or Director

Date