

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020857

FILED
Jan 03, 2007
Secretary of State

Entity Name: COMPLETE PHYSICAL REHABILITATION, INC.

Current Principal Place of Business:

517 TAMIAMI TRAIL
SUITE B
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

517 TAMIAMI TRAIL
SUITE B
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0797305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASSIE, YVONNE
601 BRICKELL KEY DRIVE
SUITE 500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BUTLER, GAREY F
FOWLER WHITE BOGGS BANKER P.A.
2201 SECOND STREET, 5TH FLOOR
FORT MYERS, FL 33901 US

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: GAREY F. BUTLER

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, NORMA
Address: 517 TAMIAMI TRAIL SUITE B
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HERRIGAN, BARTHOLOMEW J
Address: 517 TAMIAMI TRAIL SUITE B
City-St-Zip: PUNTA GORDA, FL 33950

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: BARTHOLOMEW J. HERRIGAN

P/D

01/03/2007

Electronic Signature of Signing Officer or Director

Date