

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020857

FILED  
May 01, 2008  
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:**

3691 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

517 TAMIAMI TRAIL  
SUITE B  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

PO BOX 858  
DERBY, NY 14047 US

FEI Number: 65-0797305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: HARRIGAN, BARTHOLOMEW J  
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: HARRIGAN, BARTHOLOMEW J  
Address: 3691 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

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: BARTHOLOMEW J HARRIGAN

P/D

05/01/2008

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

\_\_\_\_\_  
Date