

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000045404

Entity Name: MEDICAL REHAB, INC.

**FILED**  
**Jun 19, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

4545-2 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

## **New Principal Place of Business:**

## **Current Mailing Address:**

4545-2 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

## **New Mailing Address:**

FEI Number: 59-3447660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TERRELL, JOHN C  
4545-2 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 US

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

GEAR, HAROLD  
4545-2 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 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: HAROLD GEAR

06/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TERREL, JOHN C  
Address: 4545-2 ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: P, D (X) Change ( ) Addition  
Name: GEAR, HAROLD  
Address: 4545-2 ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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: HAROLD GEAR

PRES

06/19/2006

Electronic Signature of Signing Officer or Director

Date