

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90054 049 \*\*\*150.00

DOCUMENT # P97000066138

1. Entity Name

REHAB REIMBURSEMENT SPECIALTIES, INC.



Principal Place of Business

850510 US HWY 17  
YULEE FL 32097

Mailing Address

850510 US HWY 17  
YULEE FL 32097



2. Principal Place of Business - No P.O. Box #

Rehab Reimbursement Sps

3. Mailing Address

Rehab Reimbursement Sps

Suite, Apt. #, etc.

Suite, Apt. #, etc.

95166 Hendricks Rd

95166 Hendricks Rd

1st MOORE

CR2E034 (10/06)

City & State

City & State

Fernandina FL

Fernandina FL

4. FEI Number

59-3458921

Applied For

Not Applicable

Zip

Country

32034

USA

Zip

Country

32034

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAULEY, JUDY F  
3640 HENDRICKS RD  
FERNANDINA FL 32034

Name

Cauley, Judy F

Street Address (P.O. Box Numbers Not Acceptable)

95166 Hendricks Rd

Fernandina

City

FL

Zip Code

32034

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Judy Cauley Judy Cauley President

2-8-07

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	CAULEY, JUDY F	1354 PLUM DRIVE EAST	FERNANDINA FL 32034				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy Cauley Judy Cauley President

2-8-07

904-277-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #