

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000026375

FILED
Mar 14, 2011
Secretary of State

Entity Name: COMPLETE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2104 LEWIS TURNER BLVD.
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

2108 LEWIS TURNER BLVD.
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3499546 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAMBERT, LYNN O
309 YACHT CLUB DR. NE
FORT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: MRS.
Name: LAMBERT, LYNN O
Address: 309 YACHT CLUB DR NE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MR.
Name: LAMBERT, DONALD L SR
Address: 309 YACHT CLUB DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MS.
Name: LAMBERT, SARAH R
Address: 726 EGLIN PARKWAY NE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby 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 all other like empowered.

SIGNATURE: LYNN LAMBERT

MRS

03/14/2011

Electronic Signature of Signing Officer or Director

Date