

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045631

FILED
Mar 30, 2005
Secretary of State

Entity Name: COMPREHENSIVE REHAB SERVICES, INC.

Current Principal Place of Business:

150 W. MC KENZIE ST
STE 500
PUNTA GORDA, FL 33950

Current Mailing Address:

P.O. BOX 51-1201
PUNTA GORDA, FL 33951

New Principal Place of Business:

150 W. MC KENZIE ST
STE 116
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0836121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, DAVID K
407 EAST MARION AVENUE STE 101
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ROBERTS, KIRK E
Address: 407 EAST MARION AVE STE 103
City-St-Zip: PUNTA GORDA, FL 33950

Title: DP () Delete
Name: ROBERTS, CHRISTINE
Address: 407 EAST MARION AVE STE 103
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE ROBERTS

CD

03/30/2005

Electronic Signature of Signing Officer or Director

Date