

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 040 ***150.00

DOCUMENT # P98000087146

1. Entity Name
REHAB HEALTH PARTNERS, INC.



Principal Place of Business
**1301 GRASSLANDS BLVD.
LAKELAND, FL 33803**

Mailing Address
**P.O. BOX 1838
LAKELAND, FL 33802-1838**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3536853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCKEY, WARREN
1301 GRASSLANDS BLVD
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOUGH, JAMES N
3065 SHOAL CREEK VILLAGE DR.
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LUCKEY, WARREN M
4020 GLEN GARRY RD. W
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07
Date

863-687-2450
Daytime Phone #