



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000087146</b> 1. Entity Name <b>REHAB HEALTH PARTNERS, INC.</b>	
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Principal Place of Business <b>1301 GRASSLANDS BLVD. LAKELAND, FL 33803</b>	Mailing Address <b>P.O. BOX 1838 LAKELAND, FL 33802-1838</b>
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**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3536853</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
\_\_\_\_\_  
DATE \_\_\_\_\_

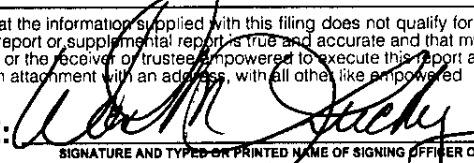
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000875929 U4/11/08-80053-007 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HOUGH, JAMES N 3065 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>LUCKEY, WARREN M 4020 GLEN GARRY RD. W LAKELAND, FL 33813</b>
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	

**DO NOT WRITE  
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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/08 868-687-0931**  
Date Daytime Phone #