

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091411

FILED  
Jan 11, 2005  
Secretary of State

**Entity Name:** REHAB CONSULTANTS OF WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

212 PALMETTO  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

4040 US 27 N.  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 65-0873868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILL, ELIZABETH B  
4040 US 27 N.  
SEBRING, FL 33870 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: PD ( ) Delete  
Name: ARMSTRONG, JIM L  
Address: 2580 OSCEOLA ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: STD ( ) Delete  
Name: GOSSMAN, GARY S  
Address: 8624 COUNTY ROAD 17 S.  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: FALLON, JILL F  
Address: 3764 EAST MAIN STREET  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: GILL, ELIZABETH B  
Address: 128 PALDAO ACRES  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** JIM ARMSTRONG

PRES

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date