# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2007**
**Secretary of State**

DOCUMENT# P98000091411

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

**Current Principal Place of Business:**

212 PALMETTO
WAUCHULA, FL 33873

**New Principal Place of Business:**

437 CARLTON ST
WAUCHULA, FL 33873

**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 Chapter 119, 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 PD 01/11/2007

Electronic Signature of Signing Officer or Director — Date