

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2004
Secretary of State**

DOCUMENT# 716013

Entity Name: WORK ORIENTED REHABILITATION CENTER, INC.

Current Principal Place of Business:

1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 US

New Mailing Address:

FEI Number: 23-7026771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLLACK, BARRY S
1100 JIMMY ANN DR
DAYTONA BCH, FL 32117 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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KNAEBEL, MICHAEL
Address: 10 SOCO TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: HARRIS, MERLE
Address: 7 APPALOOSA TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: COBB, SHERI
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: PD () Delete
Name: LANE, JUDITH
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: CFO (X) Delete
Name: CARMICHAEL, RICHARD
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: CEO (X) Delete
Name: CORLISS, IRA
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY S. POLLACK

CEO

03/29/2004

Electronic Signature of Signing Officer or Director

Date