

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03710

FILED
Apr 18, 2006
Secretary of State

Entity Name: STOFF REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2801 SE MARTIN SQUARE CORP PKWY
STUART, FL 349944916 US

New Principal Place of Business:

Current Mailing Address:

2801 SE MARTIN SQUARE CORP PKWY
STUART, FL 349944916 US

New Mailing Address:

FEI Number: 65-0012917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOFF, MARK DAVID PT
2801 SE MARTIN SQUARE CORP PKWY
STUART, FL 349944916 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: PTD () Delete
Name: STOFF, MARK DAVID PT,
Address: 2801 SE MARTIN SQUARE COPR PKWY
City-St-Zip: STUART, FL 349944916

Title: VS () Delete
Name: CANDELA, JOSEPH P
Address: 2801 SE MARTIN SQUARE CORP PKWY
City-St-Zip: STUART, FL 349944916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH P. CANDELA

VP

04/18/2006

Electronic Signature of Signing Officer or Director

Date