

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003542

FILED
Jan 03, 2006
Secretary of State

Entity Name: PEDIATRIC POTENTIALS REHAB, INC.

Current Principal Place of Business:

2009 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

New Principal Place of Business:

1973 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

Current Mailing Address:

2009 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

New Mailing Address:

1973 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

FEI Number: 01-0561600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNONE, BRIAN S
510 WHITTINGHAM PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ARNONE, BRIAN S
176 OAK GROVE CIRCLE
LAKE MARY, FL 32746 US

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:

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ARNONE, BRIAN S
Address: 2009 LONGWOOD LAKE MARY RD. #1001
City-St-Zip: LONGWOOD, FL 32750

Title: DS () Delete
Name: ARNONE, KELLI A
Address: 2009 LONGWOOD LAKE MARY RD.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ARNONE, BRIAN S
Address: 1973 LONGWOOD LAKE MARY RD. #1001
City-St-Zip: LONGWOOD, FL 32750

Title: DS (X) Change () Addition
Name: ARNONE, KELLI A
Address: 1973 LONGWOOD LAKE MARY RD. #1001
City-St-Zip: LONGWOOD, FL 32750

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: BRIAN ARNONE

DPT

01/03/2006

Electronic Signature of Signing Officer or Director

Date