

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086810

FILED
Mar 10, 2005
Secretary of State

Entity Name: EMERALD COAST REHAB ASSOCIATES, INC.

Current Principal Place of Business:

501 COMMENDENCIA ST
PENSACOLA, FL 32502

New Principal Place of Business:

31 W GARDEN STREET
202
PENSACOLA, FL 32502

Current Mailing Address:

501 COMMENDENCIA ST
PENSACOLA, FL 32502

New Mailing Address:

PO BOX 13085
PENSACOLA, FL 32591

FEI Number: 20-0137260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, DAVID E
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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: DIR () Delete
Name: TORRES, GLENDA
Address: 2745 CREEKS EDGE LANE
City-St-Zip: NAVARRE, FL 32566

Title: OFF () Delete
Name: WINDHAM, DENISE
Address: 562 EAST ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change () Addition
Name: TORRES, GLENDA
Address: 2745 CREEKS EDGE LANE
City-St-Zip: NAVARRE, FL 32566

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: GLENDA TORRES

OFF

03/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date