


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| DOCUMENT # P97000072729 | |  | |
| 1. Entity Name SELECT MEDICAL RECRUITERS, INC. | | | |
| Principal Place of Business 8754 VIA ANCHO BOCA RATON FL 33433 | | Mailing Address 8754 VIA ANCHO BOCA RATON FL 33433 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|-------------|
| 4. FEI Number 65-0776111 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WARREM, LYNNE D 8754 VIA ANCHO BOCA RATON FL 33433 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARREN, LYNNE D 8754 VIA ANCHO BOCA RATON FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000237194 02/21/05-80048-006 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Lynne Warren Lynne Warren 2/17/05 561-487-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #