

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000024504

1. Entity Name
BAYSIDE HEALTHCARE REHAB, INC.



Principal Place of Business
**1903 LUMSDEN ROAD
 BRANDON, FL 33511**

Mailing Address
**1903 LUMSDEN ROAD
 BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3563064	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOMHOFF, PHILIP JR, ESQ
 5327 COMMERCIAL WAY
 PARK PLACE, SUITE D-122
 SPRING HILL, FL 34606**

**DO NOT WRITE
 IN THIS SPACE**

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONOFRIO, KEVIN
STREET ADDRESS	2503 CULBREATH COVE COURT
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

100000502526
 04/25/06-80105-023 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-06

654-6568

Date

Daytime Phone #