

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000313

FILED
Mar 09, 2004
Secretary of State

Entity Name: FUNCTIONAL REHABILITATION, INC.

Current Principal Place of Business:

3650 SW 10 STREET
SUUTE 16
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3650 SW 10 STREET
SUUTE 16
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0719947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD, SUITE 310
BOCA RATON, FL 33433 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: SMITH-FOWLER, KAREN
Address: 7750 NE 8 COURT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN SMITH FOWLER

MSPT

03/09/2004

Electronic Signature of Signing Officer or Director

Date