2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# P93000004601

Entity Name: REHABILITATION CONSULTANTS, P.A.

Current Principal Place of Business:

13685 DOCTOR'S WAY
202
FT MYERS, FL 33912 US

New Principal Place of Business:

1390 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 US

Current Mailing Address:

PO BOX 60013
FT MYERS, FL 339066013 US

New Mailing Address:

FEI Number: 65-0382275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINI, VIDYA P
13685 DOCTOR'S WAY
#202
FT MYERS, FL 33912

Name and Address of New Registered Agent:

KINI, VIDYA P
1390 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919

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: VIDYA P. KINI 03/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KINI, VIDYA P
Address: 1390 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: ROGGOW, DEBRA K DO
Address: 1390 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: GALANG, KENNETH J MD
Address: 1390 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VIDYA P. KINI DP 03/15/2004
Electronic Signature of Signing Officer or Director Date