

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092466

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: REHABILITATION CENTER OF ORLANDO, INC.

## Current Principal Place of Business:

4555 HOFFNER AVENUE  
ORLANDO, FL 32812 US

## New Principal Place of Business:

401 E LAS OLAS BLVD  
SUITE 130-142  
FT. LAUDERDALE, FL 33301 US

## Current Mailing Address:

401 E LAS OLAS BLVD  
SUITE 130-142  
FT. LAUDERDALE, FL 33301 US

## New Mailing Address:

FEI Number: 11-3649719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOSKOW, IYUNIA  
C/O MED MANAGEMENT, INC.  
401 E LAS OLAS BLVD, STE 130-142  
ORLANDO FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

MED MANAGEMENT INC  
401 E LAS OLAS BLVD  
STE 130-142  
FT. LAUDERDALE, FL 33301 US

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: IYUNIA WOSKOW

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOSKOW, IYUNIA  
Address: 4555 HOFFNER AVE.  
City-St-Zip: ORLANDO, FL 32812 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IYUNIA, WOSKOW  
Address: 401 E LAS OLAS BLVD, STE 130-142  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

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: IYUNIA WOSKOW

P

04/12/2005

Electronic Signature of Signing Officer or Director

Date