

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000313

Entity Name: FUNCTIONAL REHABILITATION, INC.

FILED  
May 10, 2005  
Secretary of State

## Current Principal Place of Business:

3650 SW 10 STREET  
SUUTE 16  
DEERFIELD BEACH, FL 33442

## Current Mailing Address:

3650 SW 10 STREET  
SUUTE 16  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

3650 SW 10 STREET  
SUITE 16  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

3650 SW 10 STREET  
SUITE 16  
DEERFIELD BEACH, FL 33442

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 FOWLER

PTD

05/10/2005

Electronic Signature of Signing Officer or Director

Date