


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90017 001 ***550.00
08-23-2005 90017 002 *****8.75

DOCUMENT # P95000088085	
1. Entity Name REHAB SPECIALISTS INC. - EAST COAST	

Principal Place of Business 901 JORDAN BLASS DR STE 101 MELBOURNE, FL 32940 US	Mailing Address 901 JORDAN BLASS DR STE 101 MELBOURNE, FL 32940 US
--	--

66046192



2. Principal Place of Business 901 JORDAN BLASS DR.	3. Mailing Address 901 JORDAN BLASS DR.
Suite, Apt. #, etc. STE. 101	Suite, Apt. #, etc. STE. 101
City & State MELBOURNE FL	City & State MELBOURNE FL
Zip 32940	Country US
Zip 32940 FL	Country US

07212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3348025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASINGAL, JOCELYN C 901 JORDAN BLASS DR STE 101 MELBOURNE, FL 32940

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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]* **President** DATE 08/19/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASINGAL, JOCELYN C 911 CARRIAGE HILL RD MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SORIANO, EDWIN 2525 E LAKE HARTRIDGE WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CASINGAL, ARTURO A 911 CARRIAGE HILL RD MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Casingal, Jocelyn C. 911 Carriage Hill Rd Melbourne, FL 32940 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CASINGAL, ARTHUR A. 911 Carriage Hill Rd. Melbourne, FL 32940 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **Jocelyn C Casingal** **President** 08/19/05 3212559546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #