


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713392</b> 1. Entry Name OKEECHOBEE REHABILITATION FACILITY, INC.	
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Principal Place of Business 403 NW 2ND AVENUE OKEECHOBEE, FL 34972	Mailing Address 403 NW 2ND AVENUE OKEECHOBEE, FL 34972
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1199393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CAMERON, COLIN M 200 NE 4TH AVENUE OKEECHOBEE, FL 34972	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Colin M Cameron, Attorney DATE 3/4/05  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LADIA, LILIA A 210 NE 19TH DR OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYFRETT, FRANK 3079 NE 8TH ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, TOM P.O. BOX 685 OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABNEY, SELINA J 403 NW 2ND AVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEIGLER, NANCY 403 NW 2ND AVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000258729  
03/10/05-80051-023 61.25

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 617, 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: Nancy Zeigler, Ex. Director Nancy Zeigler DATE 3/4/05 (863) 467-9644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR