2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# 732739

Entity Name: POLLAK REHABILITATION CENTER, INC.

Current Principal Place of Business:

3932 N TENTH AVE
ARC GATEWAY, INC.
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

3932 N TENTH AVE.
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 23-7451108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FASSETT, DONNA
3932 N 10TH AVE
PENSACOLA, FL 32503 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKINNON, JR., DENIS
Address: 1051 WONDERWOOD CT.
City-St-Zip: PENSACOLA, FL 32514 US

Title: VPD ( ) Delete
Name: WATLEY, MONROE
Address: 5055 N. NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504 US

Title: TD ( ) Delete
Name: ANTHONY, KATHY
Address: 316 S. BAYLEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: MITCHELL, JOAN
Address: 2324 GREENWELL COURT
City-St-Zip: PENSACOLA, FL 32526 US

Title: ED ( ) Delete
Name: FASSETT, DONNA
Address: 3932 N TENTH AVENUE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WATLEY, MONROE
Address: 5055 N. NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504 US

Title: VPD (X) Change ( ) Addition
Name: BLOOM, LINDA
Address: 4730 LAJOLLA
City-St-Zip: PENSACOLA, FL 32504 US

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

Title: SD (X) Change ( ) Addition
Name: WALLACE, JACQUIE
Address: 11614 CLEAR CREEK ROAD
City-St-Zip: PENSACOLA, FL 32514 US

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA FASSETT E.D. 07/11/2006

Electronic Signature of Signing Officer or Director — Date