

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001738

1. Entity Name
CORDOVA REHAB, INC.



Principal Place of Business
2. N PALAFOX ST.
PENSACOLA, FL 32502 US

Mailing Address
2. N PALAFOX ST.
PENSACOLA, FL 32502 US

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3248509

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000199878
01/28/05-80003-003 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELL, SCOTT J
STREET ADDRESS 2. N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE T
NAME TOLAN JR., JOHN J
STREET ADDRESS 2. N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE S
NAME FOSTER, DANA R
STREET ADDRESS 2. N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE D
NAME ST PE, GERALD
STREET ADDRESS 2 N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE D
NAME HOLLOWAY, J L
STREET ADDRESS 2. N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE VP
NAME TREHERN, W E
STREET ADDRESS 2. N PALAFOX ST.
CITY-ST-ZIP PENSACOLA, FL 32502

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 850-430-0187
Date Daytime Phone #