


**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

**DO NOT WRITE
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 _____ (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
01/28/05-800013-003 158.75

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

**DO NOT WRITE
IN THIS SPACE**

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 #