


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # G54257 1. Entity Name CENTRAL FLORIDA CLINIC FOR REHABILITATION, INC.	
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Principal Place of Business 255 SE 7TH AVENUE STE 2 CRYSTAL RIVER, FL 34429 US	Mailing Address 255 SE 7TH AVENUE STE 2 CRYSTAL RIVER, FL 34429 US
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01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2320379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, MADELINE G. 255 SE 7TH AVENUE STE 2 CRYSTAL RIVER, FL 34429
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**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 re-instating) \_\_\_\_\_ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, MADELINE 255 SE 7TH AVENUE STE 2 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, CHRISTOPHER S. 255 SE 7TH AVE STE 2 CRYSTAL RIVER, FL 34429
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04/27/05-80095-007 150.00

**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)(f), 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 807, 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: Madeline Brown MADELINE BROWN 352-795-4114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #