# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# G60698

**Entity Name:** LONGWOOD REHABILITATIVE SERVICES, INC.

**Current Principal Place of Business:**

2629 W. STATE ROAD 434
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2629 W. STATE ROAD 434
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number: 59-2322932** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ICARDI, JEFFREY A
549 WYMORE ROAD, NORTH
SUITE 109
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

ICARDI, JEFFREY A
2180 WEST STATE ROAD 434
SUITE 6190
LONGWOOD, FL 32779 US

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: 04/26/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: BEST, DANIEL H
Address: 218 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: DVST ( ) Delete
Name: BEST, DONNA
Address: 218 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

SIGNATURE: DANIEL H. BEST DP 04/26/2006
Electronic Signature of Signing Officer or Director — Date