2008 FOR PROFIT CORPORATION

May 08, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # G60698 05-08-2008 90018 017 ***150 00 LONGWOOD REHABILITATIVE SERVICES, INC. 46000202 Principal Place of Business Mailing Address 2629 W. STATE ROAD 434 2629 W. STATE ROAD 434 LONGWOOD, FL 32779 LONGWOOD, FL 32779 03102008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2322932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ICARDI, JEFFREY A DO NOT WRITE 2180 WEST STATE ROAD 434 **SUITE 6190** IN THIS SPACE LONGWOOD, FL. 32779 8. The above named thitty 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 whe obligations of registered agent. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE 2629 WEST STATE ROAD 434 NAME STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP DV9T TITLE DELETE, RESTONED BEST, DONNA NAME STREET ADDRESS 248 NOB HILL CIRCLE LONGWOOD, FL 32779 CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 774-1716

FILED