2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # G65179 01-23-2006 90120 048 ***150.00 1. Entity Name ASSOCIATED REHABILITATION CLINIC, INC. Principal Place of Business Mailing Address 3740 ST. JOHNS BLUFF RD 3740 ST. JOHNS BLUFF RD **STE 10** STE 10 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address PO BOX 1942 Suite, Apt. #, etc. Suite, Apt. #, etc 01162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2334843 Not Applicable ACKS04VII Zip Country \$8.75 Additional 5. Certificate of Status Desired 225 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERT, JERRY G Street Address (P.O. Box Number is Not Acceptable) C/O 1415 BIG TREE ROAD NEPTUNE BEACH, FL 32266 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPS ☐ Delete TITLE □ Change Addition ALBERT, JERRY NAME NAME STREET ADDRESS 1415 816 TREE RD STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED Jan 23, 2006 8:00 am

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