

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # G80699 1. Entity Name DADE PHYSICAL THERAPY REHAB, INC. | | | | | |
| Principal Place of Business 7800 SW 87TH AVENUE, SUITE 8205 MIAMI, FL 33173 US | | | Mailing Address PO BOX 380546 BIRMINGHAM, AL 35243 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ | | | DATE <div style="text-align: right; font-size: 1.2em; font-weight: bold;">400075648714</div> <div style="text-align: right; font-size: 1.2em; font-weight: bold;">06/01/06--01039--001 **26900.00</div> | | |
| Signature: typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when re-issuing) | | |
| FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CPD GRINNEY, JAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DOODY, GREGORY L ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Lucy Hicks One Healthsouth Pkwy/ Birmingham AL 35243 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MENKE, BRIAN M ONE HEALTHSOUTH PKWY BIRMINGHAM, AL 35243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD SNOW, MICHAEL D ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ | | | DATE _____ | | |
| Signature: typed or printed name of signing officer or director | | | Daytime Phone # _____ | | |