2006 FOR PROFIT CORPORATION ANNUAL REPORT

The second secon

| DOCUMENT # G80699 | | | | | | FILEU | | | | | |
|---|---|----------------------------------|---|-------------------------|-------------------------------------|---|---------------------------------------|-----------------|--------------------|---------------|--|
| 1. Entity Name DADE PHYSICAL THERAPY REHAB, INC. | | | | | | 1:46 | | | | | |
| DADE PHISICAL THEIRAPT RETAB, INC. | | | | | | OF HAY 16 PH 1: 46 CLOCKLINE OF STATE MALLAHADOLE LUNIDA | | | | | |
| | | | | | | 1 | es of i | WELL D | F STAT | i N | |
| Principal Place | | Mailing Address PO BOX 380546 | | | | | TALLAI | AUG. | * 1 [* CHZ+ | Ur. | |
| 7800 SW 87TH AVENUE, SUITE B205 PO BOX 380546 Miami, Fl 33173 US Birmingham, Al 35243 U | | | | | | ļ | 14 | | | | |
| • | | | | | | | 1 (811) 8 2119 GTFT 12119 (2) | i viên êlên êlê | in tien eien er | filti e iroi | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | | |
| | | | | | | 1146811886 | i (sin earle Sills Jätta lät | i aren 2169 eta | WE WART CITTLE CO. | FAREI II (EB) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04282006 | Chg-P | CR2E0 | 34 (11/05) | do | | |
| City & State | | City & State | | | | 4. FEI Numb | | | A | pplied For | |
| 7- | | | | | 59-239 | 4368 | | | ot Applicable | | |
| Zip | Country | Zīp Coun | | uy | 5. Certificate of Status Desired | | | | 38.75 Additional | | |
| | 6. Name and Address of Current F | Registered Agent | 7. Name and Address of New Registered Agent | | | | | | | | |
| CT CORPORATION SYSTEM | | | | | Name | | | | | | |
| 1 1200 SOU | | Street Addre | | | (P.O. Box Number is Not Acceptable) | | | | | | |
| PLANTATION, FL 33324 | | | | <u> </u> | | | | | | | |
| | | | City | | | | | | | | |
| | | | | | | | | FL | Zip Cod | | |
| 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. | | | | | | | | | | and accept | |
| 1 the obligations of registered agent. 400073545714 06/01/0601039001 **26900.00 | | | | | | | | | | 0.00 | |
| SIGNATURE Signature: Typed or crinted name of registered agent and tide 4 approache. (INOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | | | | | | | | | | |
| GFILE-NOW!!!-FEE-IS-\$150.000 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | | | | | | | | | | | |
| Atter may 1, 2000 ree will be 3550.00 | | | | | | | | | | | |
| IIILE | OFFICERS AND | DIRECTORS Delete | 11. | | Τ | ADDITIONS | CHANGES TO CFF | CERS AND | DIRECTOR: | S IN 11 | |
| NAME | GRINNEY, JAY | D DEEGE | MAN | | l | | | | C3 change | ACURION | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | ť | 1 | EET ADDRESS | } | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | _ | -ST-ZIP | 1100 | | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE NAME | SD DOODY, GREGORY L | ☐ Delete | TITE NAN | | VSD |) | | | Change | Addition | |
| STREET ADDRESS | ONE HEALTHSOUTH PARKWAY | STR | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | | r-ST-ZIP | | | | | | | |
| TITLE | V | Delete | TITL | - | VT | | | | Change | Addition | |
| NAME STREET ADDRESS | WORKMAN, JOHN ONE HEALTHSOUTH PARKWAY | • | NAA STR | ae Eet address | ì | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | • | | r-st-zip | | | | | | | |
| TITLE | V | 🛕 Delete | īπ | £ | Ñ | 2) | | • | Change | Addition | |
| NAME | DEMARAY, DREW C | | NAM | | Lucy | 1 Hicks | orth Play | | | | |
| STREET ADDRESS CITY-ST-ZIP | ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | Y | | EET ADDRESS Y-ST-ZIP | Bicc | euthus Moderne | AL BEAUS | | | | |
| TITLE | VP | ☐ Delete | TITI | | V | mer egy des re | 110 80143 | - | Change | Addition | |
| NAME | MENKE, BRIAN M | _ Obles | NAJ | _ | ١, | | | | C 0ge | | |
| STREET ADDRESS | ONE HEALTHSOUTH PKWY | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | | Y-ST-ZIP | | | | | | F= | |
| TITLE | TD | ☐ Gelete | ונון נגא | - | ND | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | SNOW, MICHAEL D ONE HEALTHSOUTH PARKWA | Y | | reet address | | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35243 | | CIT | Y-ST-ZIP | <u> </u> | | | | | | |
| 12. Thereby | certify that the information supplied with | this filing does not qualify | for the ex | comptions of | containe | d in Chapter 11! | 9, Florida Statutes. I I | further certi | fy that the in | formation | |
| 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 pastee 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 want and offices, with all other like empowered. | | | | | | | | | | Block 11 if | |
| - Stratiged | , or on an automitorit man an augress, | un union inte direpostero | | | | | | | | | |