

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67196

FILED
Jan 22, 2004
Secretary of State

Entity Name: THE REHABILITATION & HUMAN PERFORMANCE CENTER, INCORPORATED

Current Principal Place of Business:

4820 NEWBERRY RD
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

600-B NW 43 RD STREET
GAINESVILLE, FL 32607 US

New Mailing Address:

5200 NEWBERRY ROAD
GAINESVILLE, FL 32607 US

FEI Number: 59-2798616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, RONALD A.
5608 NW 43RD STREET
GAINESVILLE, FL 32606

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CIRULLI, JOSEPH,
Address: 600-B NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: CIRULLI, JOSEPH,
Address: 600-B NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32607

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 Section 119.07(3)(i), 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: JOSEPH D CIRULLI

PSTD

01/22/2004

Electronic Signature of Signing Officer or Director

Date