

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54109

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: INSIGHT REHABILITATION, INC.

## Current Principal Place of Business:

4523 W FIG ST  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 20041  
TAMPA, FL 33622 US

## New Mailing Address:

FEI Number: 59-2924466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EISLER, AMY K.  
4523 W FIG ST  
TAMPA, FL 33609 US

## 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: PSD ( ) Delete  
Name: EISLER, AMY K.,  
Address: 4523 W FIG ST  
City-St-Zip: TAMPA, FL

Title: VTD ( ) Delete  
Name: BRAZEAU, KAREN L.,  
Address: 4523 W FIG ST  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: EISLER, AMY K.,  
Address: 4523 W FIG ST  
City-St-Zip: TAMPA, FL 33609

Title: VTD (X) Change ( ) Addition  
Name: BRAZEAU, KAREN L.,  
Address: 4523 W FIG ST  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMY K. EISLER

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date