

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55688

FILED
Jan 17, 2005
Secretary of State

Entity Name: RAY SCHLEICHKORN REHABILITATIVE SERVICES, P.A.

Current Principal Place of Business:

3412 JAYMARA PL.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

3412 JAYMARA PL.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2938951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEICHKORN, RAY
3412 JAYMARA PLACE
APOPKA, FL 32712 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: D () Delete
Name: SCHLEICHKORN, RAYMON, D W.
Address: 3412 JAYMARA PLACE
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHLEICHKORN, RAYMON, D W.
Address: 3412 JAYMARA PLACE
City-St-Zip: APOPKA, FL

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: RAYMOND W. SHCLEICHKORN

P

01/17/2005

Electronic Signature of Signing Officer or Director

Date