
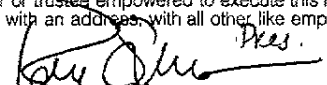


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K55688 1. Entity Name RAY SCHLEICHKORN REHABILITATIVE SERVICES, P.A.					
Principal Place of Business 3412 JAYMARA PL. APOPKA FL 32712			Mailing Address 3412 JAYMARA PL. APOPKA FL 32712		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent SCHLEICHKORN, RAY 3412 JAYMARA PLACE APOPKA FL 32712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD SCHLEICHKORN, RAYMOND W. 3412 JAYMARA PLACE APOPKA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			UN000042232 03/04/06-80010-014 150.00		
SIGNATURE: 			RAY SCHLEICHKORN 2/14/06 407-884-0020		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2938951** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required