2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# K78214

Entity Name: KINGS POINT REHABILITATION CENTER, INC.

Current Principal Place of Business:

P O BOX 6573
DELRAY BEACH, FL 334826593 US

New Principal Place of Business:

P O BOX 6573
DELRAY BEACH, FL 334826573 US

Current Mailing Address:

P O BOX 6573
DELRAY BEACH, FL 334826593 US

New Mailing Address:

P O BOX 6573
DELRAY BEACH, FL 334826573 US

FEI Number: 65-0112294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DREGHICI, TIBI
15210 CARTER ROAD
DELRAY BEACH, FL 33446 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: PVST ( ) Delete
Name: CRISAN, OLIVER
Address: P O BOX 6573
City-St-Zip: DELRAY BEACH, FL 33482

Title: ST ( ) Delete
Name: CRISAN, OLIVER
Address: 15210 CARTER RD., STE. D-1
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: P ( ) Delete
Name: CRISAN, OLIVER
Address: 15200 JOG ROAD C-4
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OLIVER CRISAN UD UD 03/08/2005
Electronic Signature of Signing Officer or Director — Date