


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 049 ***150.00

DOCUMENT # L19644 1. Entity Name ORTHOPAEDICS REHABILITATION ERGONOMICS, INC.	
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Principal Place of Business 1724 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US 2303 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	Mailing Address 1724 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US 2303 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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40070602



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0157288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSKOWITZ, NORMAN MD 1724 E HALLANDALE BCH BLVD HALLANDALE, FL 33009 2303 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, NORMAN MD 1724 E HALLANDALE BCH BLVD HALLANDALE, FL 33009 2303 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/06

Daytime Phone #

954 925-6762