

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L24309

1. Entity Name
**NEUROLOGICAL REHABILITATION CENTER PROGRAM
SERVICES, INC.**



Principal Place of Business
**C/O INGE BONIS
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**

Mailing Address
**C/O INGE BONIS
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0157388	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BONIS, INGE
7777 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP
NAME	BONIS, INGE
STREET ADDRESS	7777 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000390177
01/23/06-80017-008 158.75

**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: C. Inge Bonis January 24, 2006 K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* 954 722 3110