


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 018 ***150.00

DOCUMENT # N02000002894

1. Entity Name
FLORIDA HOPE AND REHABILITATION CENTER, INC.



Principal Place of Business
**5010 N 40TH ST
 TAMPA, FL 33610**

Mailing Address
**2123 NE COACHMAN ROAD STE A
 CLEARWATER, FL 33765**

16805 US Hwy 19 North Clearwater FL 33764

40014203



DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 55-0789935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LITTLE, THOMAS C ESQ
 2123 NE COACHMAN ROAD STE A
 CLEARWATER, FL 33765**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	DST LITTLE, THOMAS C 2123 NE COACHMAN ROAD STE A CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR MARTINO, WILLIAM 5010 N 40TH ST TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORGIONE, DAVID 16805 US 19 N CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: _____ Date: **2/2/06** Daytime Phone #: **727.538.3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR