

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35674

FILED
Mar 18, 2005
Secretary of State

Entity Name: RAINBOW REHAB, INC.

Current Principal Place of Business:

2198 N. MERIDIAN RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2198 N. MERIDIAN RD
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2982596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPHERD, PAUL K DR
2198 N. MERIDIAN RD
TALLAHASSEE FL, FL 32303 US

Name and Address of New Registered Agent:

SHEPHERD, PAUL K PRES.
2198 N. MERIDIAN RD
TALLAHASSEE FL, FL 32303 US

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: M. MIAISHA MITCHELL FOR DR. SHEPHERD

03/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: SHEPHERD, PAUL
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: M () Delete
Name: WORLEY, MARK
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HINGST, ANN G
Address: 1507 PAYNE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: M () Delete
Name: DORAN, RICHARD
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: M () Delete
Name: WORLEY, RAMONA
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHEPHERD, PAUL K
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CH (X) Change () Addition
Name: WORLEY, MARK
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D (X) Change () Addition
Name: DORAN, RICHARD
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: WORLEY, RAMONA
Address: 2198 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. MIAISHA MITCHELL

DRT

03/18/2005

Electronic Signature of Signing Officer or Director

Date