2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State
03-10-2006 90015 041 ****61.25

DOCUMENT # N35674

1. Entity Name
RAINBOW REHAB, INC.

Principal Place of Business	Mailing Address
2198 N. MERIDIAN RD TALLAHASSEE, FL 32303 US	2198 N. MERIDIAN RD TALLAHASSEE, FL 32303 US

02142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2982596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPHERD, PAUL K PRES. 2198 N. MERIDIAN RD TALLAHASSEE FL, FL 32303	Name: HOLSHOUSER, HENRY L. PRES Street Address (P.O. Box Number is Not Acceptable): 2198 N. MERIDIAN RD City: TALLAHASSEE FL Zip Code: 32303

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: H L Holshouser Jr 2/14/06
Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES SHEPHERD, PAUL K 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD, PAUL K. 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CH WORLEY, MARK 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLSHOUSER, HENRY L. 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINGST, ANN G 1507 PAYNE STREET TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMILEY, KIMBERLY 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORAN, RICHARD 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, JAMES T. 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORLEY, RAMONA 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALICEA, PEDIN 2198 N. MERIDIAN RD TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: H L Holshouser Jr 2/14/06 850 510-8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #