2006 FOR PROFIT CORPORATION ANNUAL REPORT

CRY-ST-ZIP

SIGNATURE

changed, or on an attachment will

DOCUMENT # P0000007995 Mar 29, 2006 08:00 AM 1. Entity Name .. **Secretary of State** FLEX REHAB SERVICES, INC. Principal Place of Business Mailing Address **2873 OAKBROOK DRIVE** 2873 OAKBROOK DRIVE WESTON, FL 33332 WESTON, FL 33332 03072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0975885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDEN, RANDY C DO NOT WRITE 100 N. BISCAYNE BOULEVARD **NEW WORLD TOWER - SUITE 2100** IN THIS SPACE MIAMI, FL 33132 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: flegistered Agent signature required when reinstalitig) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHOLTIS, EDWARD A NAME 2873 OAKBROOK DRIVE STREET ACCRESS CITY-ST-ZIP WESTON, FL 33332 U00000484871 U4/12/06-8UUS1-019 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-57-212 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath, 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

FICER OR DIRECTOR

FILED

Davime Phone #