

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 024 \*\*\*150.00

**DOCUMENT # P00000010891**

1. Entity Name  
**FUNCTIONAL REHABILITATION ASSOCIATES, INC.**



Principal Place of Business  
**2841 NW BANYON BLVD. CIRCLE  
BOCA RATON, FL 33431**

Mailing Address  
**2841 NW BANYON BLVD.  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BURKART, SANDY  
2841 NW BANYON BLVD. CIRCLE  
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

☐ **May Be  
Waived**

In accordance with s. 605.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURKART, SANDY  
2841 NW BANYON BLVD. CIRCLE  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURKART, BARBARA  
2841 NW BANYON BLVD. CIRCLE  
BOCA RATON, FL 33431**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is that of the corporation or the receiver or trustee empowered to execute this report as required by law, or on an attachment with an address, with all other like empowered persons.

SIGNATURE: Sandy Burkart

SIGNATURE AND TYPED OR PRINTED NAME

8/14/04 (Sandy) 988-5541