2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2006
Secretary of State

DOCUMENT# P00000010891

Entity Name: FUNCTIONAL REHABILITATION ASSOCIATES, INC.

Current Principal Place of Business:

2841 NW BANYAN BLVD. CIRCLE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2841 NW BANYAN BLVD. CIRCLE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0987008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKART, SANDY
2841 NW BANYAN BLVD. CIRCLE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BURKART, SANDY L DR.
2841 NW BANYAN BLVD. CIRCLE
BOCA RATON, FL 33431 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: DR. SANDY L. BURKART 07/22/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BURKART, SANDY
Address: 2841 NW BANYAN BLVD. CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: BURKART, BARBARA
Address: 2841 NW BANYAN BLVD. CIRCLE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BURKART, SANDY L
Address: 2841 NW BANYAN BLVD. CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: MRS. (X) Change ( ) Addition
Name: BURKART, BARBARA A
Address: 2841 NW BANYAN BLVD. CIRCLE
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY L. BURKART DR. 07/22/2006
Electronic Signature of Signing Officer or Director Date