

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000069971</b>                                                 |  |
| 1. Entity Name<br><b>ORTHOPAEDIC REHABILITATION INSTITUTE OF FLORIDA, INC.</b> |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1420 SOUTH FEDERAL HIGHWAY<br/>HOLLYWOOD, FL 33020</b> | Mailing Address<br><b>1420 SOUTH FEDERAL HIGHWAY<br/>HOLLYWOOD, FL 33020</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



04182006 No Chg-P CR2E034 (11/05)

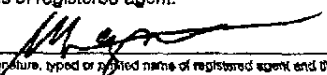
**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1034396</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>LANGONE, MICHAEL A MD<br/>1420 SOUTH FEDERAL HIGHWAY<br/>HOLLYWOOD, FL 33020</b> |
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**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  4-21-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000535819  
05/08/06-80069-002 150.00**

| 10. OFFICERS AND DIRECTORS                     |                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPTS<br/>LANGONE, MICHAEL A MD<br/>1420 SOUTH FEDERAL HWY<br/>HOLLYWOOD, FL 33020</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  4-21-06