


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000086139</b> 1. Entity Name <b>KEY REHAB, INC.</b>	
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Principal Place of Business <b>5350 GULF OF MEXICO DR, STE 205 LONGBOAT KEY FL 34228</b>	Mailing Address <b>5350 GULF OF MEXICO DR, STE 205 LONGBOAT KEY FL 34228</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>GREEN, RICHARD A 5350 GULF OF MEXICO DR, STE 205 LONGBOAT KEY FL 34228</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME	PVST GREEN, RICHARD A <input type="checkbox"/> Delete
STREET ADDRESS	5350 GULF OF MEXICO DR, STE 205
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE NAME	D GREEN, RICHARD A <input type="checkbox"/> Delete
STREET ADDRESS	5350 GULF OF MEXICO DR, STE 205
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	U00000441866
CITY-ST-ZIP	03/03/06-80053-012 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard A Green 2/16/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #