

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90274 031 ***158.75

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04172005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|--|--|--|---|---|
| DOCUMENT # P00000106094 1. Entity Name FORD REHAB OF VENICE INC. | | | | | |
| Principal Place of Business 2203 TAMiami TRAIL SUITE 1 VENICE, FL 34293 US | | | Mailing Address 9531 59TH AVE. EAST BRADENTON, FL 34202 US | | |
| 2. Principal Place of Business 1667 US Hwy 41 BYPASS S. | | 3. Mailing Address 1274 SORRENTO WOODS BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State VENICE FL | | City & State NOKOMIS FL | | 4. FEI Number 65-1059407 | |
| Zip 34293 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PREWETT, DANIEL 5777 BENEVA ROAD S SARASOTA, FL 34233 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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 Agents signature required when terminating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT FORD, PETER 9531 59TH AVE. EAST BRADENTON, FL 34202 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT FORD PETER 1274 SORRENTO WOODS BLVD NOKOMIS FL 34275 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP FORD, DEEANN 9531 59TH AVE. EAST BRADENTON, FL 34202 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DELUJO DENISE 1274 SORRENTO WOODS BLVD NOKOMIS FL 34275 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Peter Ford</u> PETER FORD | | | 4-17-05 (941) 488-7616 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone | | |