

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111705

FILED  
Feb 05, 2005  
Secretary of State

Entity Name: TOWER GROUP REHAB CENTER, INC.

## Current Principal Place of Business:

11880 SW 40 STE, STE 116  
MIAMI, FL 33175

## New Principal Place of Business:

11880 SW 40 STE,  
SUITE#118  
MIAMI, FL 33175

## Current Mailing Address:

11880 SW 40 STE, STE 116  
MIAMI, FL 33175

## New Mailing Address:

11880 SW 40 STE,  
SUITE # 118  
MIAMI, FL 33175

FEI Number: 65-1059854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JORGE, MARCIA  
11880 SW 40 STE, STE 116  
MIAMI, FL 33174 US

## Name and Address of New Registered Agent:

JORGE, MARCIA  
11880 SW 40 STE,  
SUITE # 118  
MIAMI, FL 33175 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:

02/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JORGE, MARCIA  
Address: 11880 SW 40 STE, STE 116  
City-St-Zip: MIAMI, FL 33174

Title: V ( ) Delete  
Name: JORGE, RICARDO  
Address: 11880 SW 40 STE, STE 116  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JORGE, MARCIA  
Address: 11880 SW 40 STE, STE 116  
City-St-Zip: MIAMI, FL 33174

Title: V (X) Change ( ) Addition  
Name: JORGE, RICARDO  
Address: 11880 SW 40 STE, STE 116  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCIA JORGE

D

02/05/2005

Electronic Signature of Signing Officer or Director

Date