2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# P01000086365

Entity Name: GOSPA REHABILITATION INC

Current Principal Place of Business:

1490 W. 49 PL
SUITE 370
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1490 W. 49 PL
SUITE 370
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1139371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN, GAITH M
1490 W. 49 PL
SUITE 370
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JEAN M., GAITH M
Address: 1490 W. 49 PL SUITE 370
City-St-Zip: HIALEAH, FL 33012

Title: SVD ( ) Delete
Name: JEAN, RACHEL
Address: 1490 W. 49 PL SUITE 370
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GAITH JEAN PD 03/01/2005

Electronic Signature of Signing Officer or Director — Date