

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117126

FILED
May 16, 2006
Secretary of State

Entity Name: CRESTVIEW OUTPATIENT REHAB FACILITY, INC.

Current Principal Place of Business:

5775 W SUNRISE BLVD
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

5775 W SUNRISE BLVD
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 65-1158120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAYOH, SORIE
5775 WEST SUNRISE BLVD
PLANTATION, FL 33313 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEALY, JOANNE A
Address: 5775 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: SEALY, JEAN
Address: 5775 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: S/T () Delete
Name: BAYOH, SORIE
Address: 5775 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: SEALY JOANNE

D

05/16/2006

Electronic Signature of Signing Officer or Director

Date