

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003542

Entity Name: PEDIATRIC POTENTIALS REHAB, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

510 WHITTINGHAM PLACE
LAKE MARY, FL 32746

New Principal Place of Business:

2009 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

Current Mailing Address:

510 WHITTINGHAM PLACE
LAKE MARY, FL 32746

New Mailing Address:

2009 LONGWOOD LAKE MARY RD.
SUITE 1001
LONGWOOD, FL 32750

FEI Number: 01-0561600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNONE, BRIAN S
510 WHITTINGHAM PLACE
LAKE MARY, FL 32746 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: DPT () Delete
Name: ARNONE, BRIAN S
Address: 510 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: SHANKS, KELLI A
Address: 510 WHITTINGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ARNONE, BRIAN S
Address: 2009 LONGWOOD LAKE MARY RD. #1001
City-St-Zip: LONGWOOD, FL 32750

Title: DS (X) Change () Addition
Name: ARNONE, KELLI A
Address: 2009 LONGWOOD LAKE MARY RD.
City-St-Zip: LONGWOOD, FL 32750

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: BRIAN ARNONE

DPT

01/05/2005

Electronic Signature of Signing Officer or Director

Date