

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019128

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** UNISYS REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

8450 SW 24 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8450 SW 24 STREET  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 02-0552102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IGLESIAS, MANUEL E ESQ  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33174 US

**Name and Address of New Registered Agent:**

CAST, LOUIS F  
4805 NW 79 AVENUE  
SUITE # 9  
DORAL, FL 33166 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: LOUIS F. CAST

04/27/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RODRIGUEZ, ALDEN  
Address: 401 S.W. 104TH AVENUE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALDEN RODRIGUEZ

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date