2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000039956

Entity Name: FLORIDA URO-GYNECOLOGY REHAB CENTER, INC.

Current Principal Place of Business:

618 N. GRANDVIEW ST.
MOUNT DORA, FL 32757

New Principal Place of Business:

704 HILLTOP CT
MOUNT DORA, FL 32757

Current Mailing Address:

618 N. GRANDVIEW ST.
MOUNT DORA, FL 32757

New Mailing Address:

704 HILLTOP CT
MOUNT DORA, FL 32757

FEI Number: 02-0596355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, LYN-HEATHER
618 N GRANDVIEW ST
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

SIMPSON, LYN-HEATHER
704 HILLTOP CT
MOUNT DORA, FL 32757 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: 04/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SIMPSON, LYN-HEATHER
Address: 208 EAST 7TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SIMPSON, LYN-HEATHER
Address: 704 HILLTOP CT
City-St-Zip: MOUNT DORA, FL 32757

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: LYN-HEATHER SIMPSON PSD 04/28/2005
Electronic Signature of Signing Officer or Director — Date