

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042234

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FLORIDA REHAB AND PAIN CENTER, INC.

## Current Principal Place of Business:

2665 CLEVELAND AVE.  
SUITE 207  
FORT MEYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2685  
FORT MYERS, FL 33902

## New Mailing Address:

FEI Number: 04-3664536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUSA, DIEGO JR.  
12650 ALLENDALE CIR  
FORT MYERS, FL 33912 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: DPCT ( ) Delete  
Name: SAUSA, DIEGO JR.  
Address: PO BOX 2685  
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete  
Name: SAUSA, DON ARIEL E  
Address: 690029 DANIELS PKWY STE 147  
City-St-Zip: FORT MYERS, FL 33912

## 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 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: DON SAUSA

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date