


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 038 ***150.00

DOCUMENT # P02000069441					
1. Entity Name ABLE REHAB INC.					
Principal Place of Business 3349 NW 47TH AVE. COCONUT CREEK, FL 33063			Mailing Address 3349 NW 47TH AVE. COCONUT CREEK, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162006 Chg-P CR2E034 (11/05)	
4. FEI Number 04-3694770				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent:			7. Name and Address of New Registered Agent		
DICRESCENZO, ANGELA 3170 N. FEDERAL HWY. #103H LIGHTHOUSE POINT, FL 33064			Name Street Address (P.O. Box Numbers Not Acceptable) #201 Deerfield Beach FL 33441		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Angela Crescenzo</i>			DATE: 2/13/2006		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALEIGH, ROGER J 3349 NW 47TH AVE. COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Roger Raleigh</i>			DATE: 2/13/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		