2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000071333 1. Entity Name CITY REHAB, INC.					Se	cretary	y of State
Principal Place of Business					! 11 [18]] 1 [1 17]	!! #8	16 1810 AND O GODI
С	OO NOT WRITE II	CE	01112005 4. FEI Numb 61-141		CR2E034 (
6. Name and Address of Current Registered Agent MEDVIN, ANDREW R 6330 SW 41ST CT DAVIE, FL 33314			DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and life if apalicable (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT POLICE POL	//00000181451 01/14/05-80048-021 150.00					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
STREET ADDRESS CITY-ST-ZIP	certify that the information subplied with this fill on this report or supplier that reports true a reportation or the receiver at trustate empoweres, or on an attachment with an address, with a	ing does not qualify for the exe not does not qualify for the exe to see the control of the control of the control of the cont	mption stated in Se ture shall have the ired by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes, ici as if made under cast and that my name	I further certify the path; that I am are appears in Blo	nat the information n officer or director ck 10 or Block 11 if