

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000074374

1. Entity Name
 MARYL REHAB, INC.



Principal Place of Business
 1373 DELTONA BLVD.
 SPRINGHILL, FL 34606

Mailing Address
 1373 DELTONA BLVD.
 SPRINGHILL, FL 34606



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-3644181 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KIERZYNSKI AND ASSOCIATES
 5143 COMMERCIAL WAY
 SPRINGHILL, FL 34606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MOSS, DARYL L 1373 DELTONA BLVD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS MOSS, MICHAEL B 1373 DELTONA BLVD SPRING HILL, FL 34606
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 08/01/06-80007-022 150.00

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: *[Signature]* Michael B. Moss DC 7/28/06 352-683-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #