

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076427

Entity Name: WEST COAST REHAB, INC.

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

4048 EVANS AVE., SUITE 203
FORT MYERS, FL 339019353

New Principal Place of Business:

4048 EVANS AVENUE
SUITE 301B
FORT MYERS, FL 33901

Current Mailing Address:

4048 EVANS AVE., SUITE 203
FORT MYERS, FL 339019353

New Mailing Address:

4048 EVANS AVENUE
SUITE 301B
FORT MYERS, FL 33901

FEI Number: 46-0491251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, SHELLY
2238 SW 7TH PLACE
CAPE CORAL, FL 339917746 US

Name and Address of New Registered Agent:

GRISHKOFF, MARGARITA M
4048 EVANS AVENUE
SUITE 301B
FORT MYERS, FL 33901 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: MARGARITA M. GRISHKOFF

03/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: WELCH, SHELLY D
Address: 2238 SW 7TH PLACE
City-St-Zip: CAPE CORAL, FL 339917746

Title: VPSD () Delete
Name: WELCH, DIANE M
Address: 5211 SW 5 PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DULUC, LUIS M
Address: 4048 EVANS AVENUE SUITE 301B
City-St-Zip: FORT MYERS, FL 33901

Title: VP/D (X) Change () Addition
Name: GRISHKOFF, MARGARITA M
Address: 4048 EVANS AVENUE, SUITE 301B
City-St-Zip: FORT MYERS, FL 33901

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: MARGARITA M. GRISHKOFF

VP/D

03/07/2006

Electronic Signature of Signing Officer or Director

Date