

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111477

FILED
Mar 28, 2006
Secretary of State

Entity Name: FIRST HEALTH REHABILITATION, INC.

Current Principal Place of Business:

120 EAST OAKLAND PARK BLVD.
SUITE 202
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

120 EAST OAKLAND PARK BLVD.
SUITE 202
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 54-2086267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDOLF & HOFFMAN, P.A.
615 NE THIRD AVE.
FT. LAUDERDALE, FL 33304 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: D () Delete
Name: FINE, JAMIE A
Address: 3477 DEL MAR AVENUE
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: SUSSMAN, TODD J
Address: 1104 SATINLEAF ST.
City-St-Zip: HOLLYWOOD, FL 33019

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: JAMIE FINE

D

03/28/2006

Electronic Signature of Signing Officer or Director

Date