

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119711

FILED  
May 31, 2005  
Secretary of State

Entity Name: FLORIDA REHAB CARE, P.A.

## Current Principal Place of Business:

100 WEST BAY STREET  
DAVENPORT, FL 33837

## New Principal Place of Business:

## Current Mailing Address:

100 WEST BAY STREET  
DAVENPORT, FL 33837

## New Mailing Address:

FEI Number: 71-0913263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANGELITO, GILDA  
1425 BLUFF LOOP  
DUNDEE, FL 33838      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANGELITO, GILDA  
Address: 1425 BLUFF LOOP  
City-St-Zip: DUNDEE, FL 33838

Title: D ( ) Delete  
Name: DE GARCIA, MARIA A  
Address: 1320 YORK AVE., APT 27-P  
City-St-Zip: NEW YORK, NY 10021

Title: VSM ( ) Delete  
Name: ANGELITO, DWIGHT  
Address: 1425 BLUFF LOOP  
City-St-Zip: DUNDEE, FL 33838

Title: T ( ) Delete  
Name: ALBA, LEAH  
Address: 5542 HOLLY ST., APT. 207  
City-St-Zip: HOUSTON, TX 77081

Title: P (X) Delete  
Name: ANGELITO, ANGELICA  
Address: 1425 BLUFF LOOP  
City-St-Zip: DUNDEE, FL 33838

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Section 119.07(3)(i), 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: DWIGHT ANGELITO

VSM

05/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date