

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119711

FILED
Mar 03, 2006
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:

306 S 10TH ST
HAINES CITY, FL 33844

Current Mailing Address:

100 WEST BAY STREET
DAVENPORT, FL 33837

New Mailing Address:

306 S 10TH ST
HAINES CITY, FL 33844

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:

ANGELITO, DWIGHT
1425 BLUFF LOOP
DUNDEE, FL 33838 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: DWIGHT ANGELITO

03/03/2006

Electronic Signature of Registered Agent

Date

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANGELITO, DWIGHT
Address: 1425 BLUFF LOOP
City-St-Zip: DUNDEE, FL 33838

Title: V (X) Change () Addition
Name: BIGLANG-AWA, ARIES
Address: 523 ROSE AVE
City-St-Zip: SEBRING, FL 33870

Title: S/T (X) Change () Addition
Name: RODIS, LYNNE
Address: 523 ROSE AVE
City-St-Zip: SEBRING, FL 33870

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: DWIGHT ANGELITO

PD

03/03/2006

Electronic Signature of Signing Officer or Director

Date