


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90053 029 ***150.00

DOCUMENT # P03000010917		
1. Entity Name ADVANTAGE REHAB & FITNESS, INC.		

Principal Place of Business 5800 OVERSEAS HIGHWAY SUITE 32 MARATHON, FL 33050	Mailing Address PO BOX 500060 MARATHON, FL 33050
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50005772

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0821478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNEAD, GINGER D 5800 OVERSEAS HIGHWAY SUITE 32 MARATHON, FL 33050		7. Name and Address of New Registered Agent Name <u>William N. DeVane, Jr., Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 DeVane Dr., DORL, P.A.</u> <u>5701 Overseas Hwy, Suite 12</u> City <u>MARATHON</u> FL Zip Code <u>33050</u>	
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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 <u>William N. DeVane, Jr.</u>	DATE <u>1-21-05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SNEAD, GINGER D 5800 OVERSEAS HIGHWAY SUITE 32 MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William N. DeVane, Jr.</u>	Date <u>1-21-05</u> Daytime Phone # <u>305-743-6565</u>