

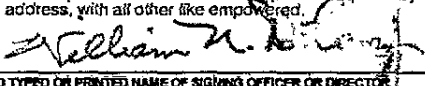


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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
DO NOT WRITE IN THIS SPACE		
		 04192006 No Chg-P CR2E034 (11/05)
4. FEI Number 55-0821478		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DEVANE, WILLIAM N JR, ESQ C/O DEVANE & DORL, P.A. 5701 OVERSEAS HWY STE 12 MARATHON, FL 33050		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SNEAD, GINGER D 5800 OVERSEAS HIGHWAY SUITE 32 MARATHON, FL 33050	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-21-06 Daytime Phone # 305-743-6565