


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90596 001 \*2,700.00

<b>DOCUMENT # P03000014732</b>	
1. Entity Name <b>MEDICAL REHABILITATION SPECIALISTS II, INC.</b>	

Principal Place of Business <b>37 NORTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801</b>	Mailing Address <b>37 NORTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801</b>
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**66012442**



2. Principal Place of Business <b>1803 MICCOSUKEE COMMONS DR SUITE 202 TALLAHASSEE, FL 32308</b>	3. Mailing Address <b>1030 N. ORANGE AVE. SUITE 105 ORLANDO, FL 32801</b>
City & State <b>TALLAHASSEE, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32308</b>	Zip <b>32801</b>
Country <b>US</b>	Country <b>US</b>

04202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3755423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAVIS, III, E. NICHOLAS 2710 REW CIRCLE, SUITE 100 OCOE, FL 34761</b>	
7. Name and Address of New Registered Agent Name <b>DAVIS, III, E. NICHOLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>12200 W. Colonial Drive SUITE 303 Winter Garden, FL 34787</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUBINSKY, RANDY 37 NORTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1030 N. Orange Ave., SUITE 105 Orlando, FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SZPORKA, MARK 37 NORTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1030 N. Orange Ave., SUITE 105 Orlando, FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MAURO, KIRK 1675 RIGGINS RD TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1803 MICCOSUKEE COMMONS DR, STE 202 TALLAHASSEE, FL 32308</b> <input checked="" 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
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: Mark Szporka **MARK SZPORKA** 4/20/05 407-367-0944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #