2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State 02-07-2005 90095 036 ***150.00

Notes South Medical Address Notes and Address Notes Notes and Address Notes	DOCUMENT # P03000018826 1. Ertity Name ROOSEVELT REHAB AND CHIROPRACTIC, INC.								02-07-20	005 90093	036 ****	*150.00
Suite, Apil. 4, stot. Suite, Apil. 4, stot. Suite Suite	1050 SOUTH MCDUFF AVENUE				1050 SOUTH MCDUFF AVENUE			66	004044	du asisilium läll		TEN NUMBE
City & State A. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREE Now Number is Not Acceptable) City FL Zip Code A. The stoore named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the obligations of registered agent, or both, in the State of Rodds. I term familiar with, and accept the Rodds of Rodds and Rodds agent, or both, in the State of Ro	2. Principal Place of Business 3. Mailing Address 1211 Blanc						Blvd.					
Crange Park Florida 11-3877636 3 Mola Applicative 23°2065 County 5	Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E03	4 (10/03)	
S. Name and Address of Current Registrated Agent 7. Name and Address of New Registrated Agent KELUSON, LEE G 12276 SAN JOSE BLVD. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligations of registered agent, or both, in the State of Portido. I am fundier with, and accept the obligation of registered agent, or both, in the State of Portido. Street Address of Portidos of Porticos of Portico					Orange Park, Florida					i i	- +	
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City FL Zip Code	12276 SAN JOSE BLVD.						Street Addres	s (P.O. Box Numb	er is Not Acceptab	ole)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florides. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE S							City			Fi	Zip Code	•
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SIGNATURE: 3-805 (GOY) 3887246	indicated of the cor changed,	on this report or poration or the re or on an attachr	supplemental re sceiver or trustee	port is true empowers	and accurate and that r d to execute this report	ny signa as regu	ature shall have t	he same legal effe	ct as if made unde	er oath: that I a	m an officer	or director