


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90019 044 ***150.00

DOCUMENT # P03000022450

1. Entity Name
FULL SPECTRUM REHAB AND WELLNESS, INC.



Principal Place of Business
**8107 SAINT ALBANS DR
 ORLANDO, FL 32835**

Mailing Address
**8107 SAINT ALBANS DR
 ORLANDO, FL 32835**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03082003 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**JOSEPHS, CLEVE A. A
 8107 SAINT ALBANS DR
 ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOSEPHS, CLEVE A. A 8107 SAINT ALBANS DR ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOSEPHS, CLEVE A. A 8107 SAINT ALBANS DR ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSEPHS, CLEVE 8107 ST. ALBANS DR. ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: Cleve A. A. Josephs **CLEVE A. A. JOSEPHS CEO** 5/14/04 407 762469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #