

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031983

FILED
May 15, 2005
Secretary of State

Entity Name: ORTHOPEDIC REHABILITATION AND DIAGNOSTIC SERVICES, INC.

Current Principal Place of Business:

9724 N. ARMENIA AVENUE
SUITE 400
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P O BOX 273982
TAMPA, FL 33688

New Mailing Address:

9724 N. ARMENIA AVENUE
SUITE 400
TAMPA, FL 33612

FEI Number: 45-0507744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, J B
9724 N ARMENIA AVE
STE 400
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MOORE, J.B.
9724 N ARMENIA AVE
STE 400
TAMPA, FL 33612 US

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.

SIGNATURE: J.B. MOORE

05/15/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, J.B.
Address: 9724 N ARMENIA AVE #400
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.B. MOORE

P

05/15/2005

Electronic Signature of Signing Officer or Director

Date