

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037625

FILED
Jan 20, 2005
Secretary of State

Entity Name: ARCHIE'S REHAB CENTER, INC.

Current Principal Place of Business:

12920 US 1,
SEBASTIAN, FL 32960

New Principal Place of Business:

Current Mailing Address:

12920 US 1,
SEBASTIAN, FL 32960

New Mailing Address:

FEI Number: 13-4241576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, ARQUIMEDES
654 16TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPES, ARQUIMEDES
Address: 654 16TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DV () Delete
Name: LOPES, MARIA E
Address: 654 16TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LOPES, MARIA E
Address: 654 16TH STREET
City-St-Zip: VERO BEACH, FL 32960

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: MARIA ELISABETH LOPES

VP

01/20/2005

Electronic Signature of Signing Officer or Director

Date