2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AM DOCUMENT # P03000059485 **Secretary of State** 1. Entity Name GIARRUSSO REHABILITATION SERVICE, INC. Principal Place of Business Mailing Address 1312 SEFFNER VALRICO ROAD 1312 SEFFNER VALRICO ROAD SEFFNER, FL 33584 SEFFNER, FL 33584 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 55-0835201 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GIARRUSSO, FRANCIS C DO NOT WRITE 1312 SEFFNER VALRICO ROAD SEFFNER, FL 33584 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 tamillar with, and accept the obligations of registered agent

IN THIS SPACE

Applied For

\$8.75 Additional

Fas Required

Not Applicable

Signature, typed or priced name of rightstand opera and life it as FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		il applicable. (NGTE: flagistered Agent signature required when retretating)			DATE	
		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GIARRUSSO, FRANCIS C 1312 SEFFNER VALRICO ROAD SEFFNER, FL 33584		- -	,		U00000543039 05/10/06-80122-018 150,00
TITLE NAME STREET ADDRESS UTTY-ST-ZIP	VSD GIARRUSSO, DENISE J 1312 SEFFNER VALRIÇO RD SEFFNER, FL 33584					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· •				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certily that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: