
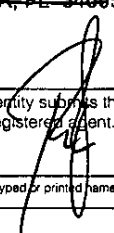
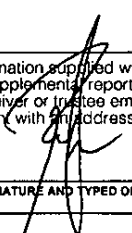


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90104 030 \*\*\*150.00

<b>DOCUMENT # P03000060254</b> 1. Entity Name <b>REHAB 1 CORPORATION</b>																					
Principal Place of Business <b>1734 LAKE CYPRESS DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>			Mailing Address <b>P.O. BOX 14636</b> <b>CLEARWATER, FL 33766</b>																		
2. Principal Place of Business <b>611 DEWID ROAD #105</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State <b>CLEARWATER, FL</b>		City & State		4. FEI Number <b>01-0785659</b>																	
Zip <b>33756</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>PITCHER, BRUCE</b> <b>1734 LAKE CYPRESS DRIVE</b> <b>SAFETY HARBOR, FL 34695</b>			7. Name and Address of New Registered Agent Name <b>BRUCE PITCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>611 DEWID ROAD, #105</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33756</b>																		
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:  DATE: <b>1/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D <input type="checkbox"/> Delete <b>#105</b></td> </tr> <tr> <td>NAME</td> <td><b>PITCHER, BRUCE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1734 LAKE CYPRESS DRIVE</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>611 DEWID RD, #105 CLEARWATER, FL 33756</b></td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete <b>#105</b>	NAME	<b>PITCHER, BRUCE</b>	STREET ADDRESS	<b>1734 LAKE CYPRESS DRIVE</b>	CITY - ST - ZIP	<b>611 DEWID RD, #105 CLEARWATER, FL 33756</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
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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:  DATE: <b>1/13/05</b> DAYTIME PHONE: <b>727 467 0300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					

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01132005 Chg-P CR2E034 (10/03)