## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000087297

Entity Name: REHAB RX HOLDINGS CORP.

CLEARWATER, FL 337652342

City-St-Zip:

FILED Jan 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21907 US HIGHWAY 19 NORTH CLEARWATER, FL 337652342 **Current Mailing Address: New Mailing Address:** 21907 US HIGHWAY 19 NORTH CLEARWATER, FL 337652342 FEI Number: 20-0158054 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRONIN, MICHAEL T 911 CHESTNUT STREET CLEARWATER, FL 33756 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RODRIGUEZ, DONNA J Name: Name: 21907 US HWY. 19 N. Address: Address: City-St-Zip: CLEARWATER, FL 337652342 City-St-Zip: Title: VST () Delete Title: () Change () Addition Name: LAVORE, JOSEPH S Name: 21907 US HWY. 19 N. Address: 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: MARK TISCHLER CFO 01/05/2005