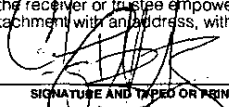


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 025 ***150.00

DOCUMENT # P03000100029 1. Entity Name ADVANCED REHABILITATION, INC.					
Principal Place of Business 545 CONIFER STREET MELBOURNE, FL 32904 US			Mailing Address 545 CONIFER STREET MELBOURNE, FL 32904 US		
2. Principal Place of Business 2111 W. Swann Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33606 Country Hillsborough			3. Mailing Address 2111 W. Swann Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33606 Country Hillsborough		
08232004 Chg-P CR2E034 (10/03)			4. FEI Number 83-6373416 Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent MICHAEL KAHN, P.A. 482 N. HARBOR CITY BLVD. MELBOURNE, FL 32935		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D ARRIGO, CHRISTOPHER 545 CONIFER STREET MELBOURNE, FL 32904 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Arrigo, Christopher 2111 W. Swann Avenue, Suite 100 Tampa, FL 33606 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Drake, Kelly 2111 W. Swann Avenue, Suite 100 Tampa, FL 33606 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 of 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:  CHRISTOPHER A. ARRIGO 8-30-04 873-250-1208 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					