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	Mailing Address
545 CONIFER STREET MELBOURNE, FL 32904 US	545 CONIFER STREET MELBOURNE, FL 32904 US

08232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2111 W. Swann Avenue		2111 W. Swann Avenue	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33606	Country: Hillsborough	Zip: 33606	Country: Hillsborough

4. FEI Number: 83-0373416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL KAHN, P.A. 482 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	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 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: [signature] CHRISTOPHER A. ARRIGO 8-30-04 813-250-1208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #