

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134544

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: AROUND TOWN REHABILITATION SERVICES, INC.

## Current Principal Place of Business:

108 S. 5TH STREET  
SUITE 211  
LEESBURG, FL 34748 US

## New Principal Place of Business:

P.O. BOX 829  
TAVARES, FL 32778 US

## Current Mailing Address:

108 S. 5TH STREET  
SUITE 211  
LEESBURG, FL 34748 US

## New Mailing Address:

P.O. BOX 829  
TAVARES, FL 32778 US

FEI Number: 01-0801441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUFFENBARGER, LEA A OTR/L  
61 ARDLUSSA STREET  
UMATILLA, FL 32784 US

## Name and Address of New Registered Agent:

BUFFENBARGER, LEA A PRES  
61 ARDLUSSA STREET  
UMATILLA, FL 32784 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: LEA BUFFENBARGER

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUFFENBARGER, LEA OTR/L  
Address: 61 ARDLUSSA STREET  
City-St-Zip: UMATILLA, FL 32784

Title: V ( ) Delete  
Name: KYLE, KAREN OTR/L  
Address: 925 SCENIC CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: HUNTER, JOCELYN RPT/L  
Address: 28877 BEECHNUT ROAD  
City-St-Zip: TAVARES, FL 32778

Title: S (X) Delete  
Name: MAGNUSON, CAMILLE COTA/L  
Address: 8648 JUNIPER ROAD  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: MCGEOCH, CAMERON PTA/L  
Address: 6655 WEST SEVEN RIVERS DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: LEA BUFFENBARGER

P

03/08/2005

Electronic Signature of Signing Officer or Director

Date