2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P03000153606

Entity Name: ADVANCED REHAB THERAPY CENTER, INC.

Current Principal Place of Business:

12008 SOUTHSHORE BLVD
WEST PALM BEACH, FL 33414

New Principal Place of Business:

12008 SOUTHSHORE BLVD
SUITE 112A
WEST PALM BEACH, FL 33414

Current Mailing Address:

12008 SOUTHSHORE BLVD
WEST PALM BEACH, FL 33414

New Mailing Address:

12008 SOUTHSHORE BLVD
SUITE 112A
WEST PALM BEACH, FL 33414

FEI Number: 20-0498735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUREVICH, OLEG
12008 SOUTHSHORE BLVD
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: PINSKY, SABINA
Address: 840 NORTH CROFT AVE, UNIT 102
City-St-Zip: LOS ANGELES, CA 90069

Title: VP ( ) Delete
Name: NASOVITSKAYA, TATYANA
Address: 301 SOUTH REXFORD DR., APT 5
City-St-Zip: BEVERLY HILLS, CA 90212

Title: TR ( ) Delete
Name: OLEG, GUREVICH
Address: 7701 BAY PKWY, APT 6A
City-St-Zip: BROOKLYN, NY 11214

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:

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: OLEG GUREVICH TR 01/14/2005

Electronic Signature of Signing Officer or Director — Date