

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041804

FILED
Jul 18, 2005
Secretary of State

Entity Name: TOWN MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

P.O. BOX 20541
TAMPA, FL 39622

New Principal Place of Business:

3911 W. WATERS AVE.
SUITE # 12
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 20541
TAMPA, FL 39622

New Mailing Address:

P.O. BOX 20541
TAMPA, FL 33622

FEI Number: 87-0722273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, LETICIA
5411 TREIG LANE
WESLEY CHAPEL, FL 33544 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEON, LETICIA
Address: 5411 TREIG LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: LEON, ROBERTO
Address: 5411 TREIG LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DIRECTOR/LETICIA LEON/ROBERTO LEON

D

07/18/2005

Electronic Signature of Signing Officer or Director

Date