

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051739

FILED
Jan 20, 2005
Secretary of State

Entity Name: OCCUPATIONAL & PHYSICAL REHABILITATION CENTER INC.

Current Principal Place of Business:

6365 TAFT STREET, STE. 3003A
HOLLYWOOD, FL 33024

New Principal Place of Business:

6365 TAFT STREET, STE. 3007
HOLLYWOOD, FL 33024

Current Mailing Address:

6365 TAFT STREET, STE. 3003A
HOLLYWOOD, FL 33024

New Mailing Address:

6365 TAFT STREET, STE. 3007
HOLLYWOOD, FL 33024

FEI Number: 26-0085245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, MARLENE
6365 TAFT STREET, STE. 3003A
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

MARTINEZ, MARLENE
6365 TAFT STREET, STE. 3007
HOLLYWOOD, FL 33024 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: MARLENE MARTINEZ

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MARTINEZ, MARLENE
Address: 6365 TAFT STREET SUITE 3007
City-St-Zip: HOLLYWOOD, FL 33024

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: MARLENE MARTINEZ

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

Date