2005 FOR PROFIT CORPORATION ANNUAL REPORT

Allegor My 03 MM

ANNUAL REPORT												
DOCUMENT # P04000068881)				
1. Entity Name SENIORITY REHAB INC							PR 29	PH 12: 12				
Principal Place of Business Mailing Address						SEU	TILL AND Y	SIATE				
2506 HELEN	IE LN		2506	2506 HELENE LN			AHASSEE, FLORIDA					
TALLAHASSE	:E, FL 3230	IALLA	TALLAHASSEE, FL 32304									
2. Principal P	Place of Busi	3. Maili	3. Mailing Address			_						
Šuite, Apt.	# etc		Suite	Suite, Apt. #, etc.				. Maili Biail Batti Batti Bali	1) 25 710 81121 (1	ITMT FORMY FORMS BEG	lingi li insi	
							04292005	Chg-P	CR2E0	34 (10/03)		
Çity & Stat	te		City	City & State			4. FEI Numb	er		-	oplied For ot Applicable	
Zip		Country	Zip	Zip Count			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SIPLEN, LAKEISHA												
2506 HELI TALLAHAS						Street Address (P.O. Box Number is Not Acceptable)						
						City				Zip Cod	_	
8. The above	named enti	tv submits this statemen	nt for the nurno	se of changing its	register		ered agent or bo	th, in the State of Flo	FL vida Lam	<u>' </u>		
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.												
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
									UAIL			
F≀L After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	I	 Election Campa Trust Fund Cont 		ncing \$5	5.00 May Be Ided to Fees					
10.		OFFICERS A	ND DIRECTOR	RS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
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STREET ADDRESS 2506 HELENE LN				STREE			31 05/10	000541 0/0501013	LZ S :	3 4 53 **300.	.00	
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NAME				- D¢1616	NAM	E				change	C) reality	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
12. I hereby	certify that th	e information supplied	with this filing o	loes not qualify fo	r the exe	mption stated in S	ection 119.07(3)	i), Florida Statutes. I	further cer	tify that the ir	nformation	
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 of 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 1/07												