## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

l <b>–</b> – –						iary or k	
DOCUMENT # P04000087736  1. Enlity Name CATHY'S REHAB SERVICES, INC.					04-18-200	05 90320 017 ***	<b>1</b> 50.00
Principal Place	e of Business	Mailing Address				<b>EUU324</b>	24
		3030 NW 17TH STREI	ŧτ			500374	34
3030 NW 17TH STREET : FORT LAUDERDALE, FL 33311		FORT LAUNFRDALF F	FORT LAUDERDALE, FL 33311			,	
TOWN ENDOC	NDALE, I'E 00011	·	L 33311	1 (BB)(BB) IN	861   8181  861   68  1 88	III FEIS) (SII) (SSS) (SSSS )III 6	
		1 - 1 - 3					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		01    210   01    20   05		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005	Chg-P	CD0E024 (10/02)	
City & City					Crig-F	CR2E034 (10/03)	) 
City & State	9	City & State		4. FEI Numbe	70-1778	7,96	Applied For Not Applicable
Zip	Country	Zip	Country			\$9.75 .	<del> </del>
				5. Certificate	of Status Desired	Fee Requir	
	6. Name and Address of Curren	nt Registered Agent		7. Name and	Address of New F	Registered Agent	
"JOSEDH.R	NOFIL P A	Name	Name				
JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7			Street Add	ress (P.O. Box Number	er is Not Acceptable	e)	
LAUDERD.	ALE LAKES, FL 33319						
				·· <del></del>			
			City			FL Zip Co	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or re	gistered agent, or bo	th, in the State of Flo	orida. I am familíar with	n, and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE. Registered Agent signature:	(equiled when rainstating)		DATE	
FILI	E NOW!!! FEE IS \$150.00	9. Election Campa					
After Ma	ay 1, 2005 Fee will be \$550			\$5.00 May Be Added to Fees			
After Ma	ay 1, 2005 Fee will be \$550			Added to Fees	CHANGES TO OFF	FICERS AND DIRECTO	RS IN 11
<u> </u>	ay 1, 2005 Fee will be \$550	Trust Fund Cor	ntribution.	Added to Fees	CHANGES TO OFF	FICERS AND DIRECTO	
10.	ay 1, 2005 Fee will be \$550 OFFICERS AN	D DIRECTORS	11.	Added to Fees	CHANGES TO OFF		
10.	OFFICERS AN	D DIRECTORS	11.	Added to Fees	CHANGES TO OFF		
10. TITLE NAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA	Trust Fund Cor D DIRECTORS  Delete	11. THE NAME	Added to Fees	CHANGES TO OFF		
10.  IITLE  NAME  STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS  Delete	11. THE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF		Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. THE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change	Addition
10.  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  EITLE  MAME  STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME STREET ADDRESS	Added to Fees	CHANGES TO OFF	☐ Change	Addition
10. IIILE NAME STREET ADDRESS CITY-SI-ZIP EITLE NAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. THE NAME STREET ADDRESS CITY-ST-ZIP THEE FAME	Added to Fees	CHANGES TO OFF	☐ Change	☐ Addition
10. IIILE NAME SIREET ADDRESS CITY-SI-ZIP EITLE MAME STREET ADDRESS CITY-SI-ZIP IIILE	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. THE NAME STREET ADDRESS CITY-ST-ZIP THE ISAME. STREET ADDRESS CITY-ST-ZIP THE ISAME.	Added to Fees	CHANGES TO OFF	☐ Change	☐ Addition
10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  EITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  IITLE  NAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME. STREET ADDRESS CITY-ST-ZIP TITLE ISAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME.	Added to Fees	CHANGES TO OFF	☐ Change	☐ Addition
10.  IITLE NAME STREET ADDRESS CITY-SI-ZIP FITLE MAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF	☐ Change	☐ Addition
10.  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  EITLE  MAME  STREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  STREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete  Delete Delete	11.  THE NAME STREET ADDRESS CITY-ST-ZIP  THE HAME STREET ADDRESS CITY-ST-ZIP  THE HAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change	Addition  Addition
10.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  EITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  HILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME. STREET ADDRESS CITY-ST-ZIP TITLE HAME. STREET ADDRESS CITY-ST-ZIP TITLE HAME. STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change	☐ Addition
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HITLE HAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete  Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IFAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change	Addition  Addition
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete  Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change	Addition  Addition
10.  IIILE NAME SIREET ADDRESS CITY-SI-ZIP EITLE MAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE IIAME STREET ADDRESS CITY-SI-ZIP TITLE IIAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ISAME. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change	Addition Addition Addition
10.  IIILE  NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete  Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	CHANGES TO OFF	☐ Change	Addition Addition Addition
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change	Addition Addition Addition
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ISAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change	Addition Addition Addition
10.  IIILE NAME SIREET ADDRESS CITY-SI-ZIP EITLE MAME STREET ADDRESS CITY-SI-ZIP IIILE NAME SIREET ADDRESS CITY-SI-ZIP ITTLE IIAME SIREET ADDRESS CITY-SI-ZIP TITLE IIAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11.  THE NAME STREET ADDRESS CITY-ST-ZIP  THE HAME STREET ADDRESS CITY-ST-ZIP  THE HAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
10.  IIILE NAME SIREET ADDRESS CITY-SI-ZIP EITLE MAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE IIAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ISAME. STREET ADDRESS CITY-ST-ZIP  TITLE NAME.	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change	Addition Addition Addition Addition
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ISAME. STREET ADDRESS CITY-ST-ZIP  TITLE HAME. STREET ADDRESS CITY-ST-ZIP  TITLE HAME. STREET ADDRESS CITY-ST-ZIP  TITLE HAME. STREET ADDRESS CITY-ST-ZIP  TITLE NAME.	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP EITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  OFFICERS AN  DPST JOSEPH, CATHERINA 3030 NW 17TH STREET FORT LAUDERDALE, FL 3331	Trust Fund Cor D DIRECTORS Delete Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IFAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS		Change  Change  Change	Addition Addition Addition Addition Addition
10.  IIILE NAME SIREET ADDRESS CITY-SI-ZIP EITLE MAME STREET ADDRESS CITY-SI-ZIP IIILE NAME SIREET ADDRESS CITY-SI-ZIP IIILE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS AN  OFFICERS AN  DPST  JOSEPH, CATHERINA  3030 NW 17TH STREET	Trust Fund Cor D DIRECTORS  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP THTLE ISAME. STREET ADDRESS CITY-ST-ZIP THTLE NAME. STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS  ADDITIONS  Lin Section 119.07(3)	i), Florida Statutes	Change  Change  Change	Addition Addition Addition Addition Addition

SIGNATURE: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

Date

Daytime Prioria # ;