


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115112 1. Entity Name REHAB CENTER OF LAKE LAND, INC.						FILED 05 SEP 22 PM 2:18 TALLAHASSEE, FLORIDA	
Principal Place of Business 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805				Mailing Address 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		09142005 Chg-P CR2E034 (10/03) 05		4. FEI Number 26 0092838	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent DUMESLE, YANICK 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUMESLE, YANICK 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059997130 09/27/05--01024--007 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICOLAS, DIANE 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NERESTANT, MARIE 1705 LAKE LAND HILLS BLVD #3 LAKE LAND, FL 33805			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Yanick Dumesle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/13/05 (863) 683-2820 <small>Date Daytime Phone #</small>			