

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122701

FILED
May 03, 2005
Secretary of State

Entity Name: POINT IVES REHABILITATION INC.

Current Principal Place of Business:

190 NE 199 ST STE 105
N MIAMI BCH, FL 33179

New Principal Place of Business:

200 SW 27 AVE SUITE 208
FORT LAUDERDALE, FL 33312

Current Mailing Address:

190 NE 199 ST STE 105
N MIAMI BCH, FL 33179

New Mailing Address:

200 SW 27TH AVE., #208
FORT LAUDERDALE, FL 33312

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKOPYAN, ARSHAK
190 NE 199 ST STE 105
N MIAMI BCH, FL 33179 US

Name and Address of New Registered Agent:

AKOPYAN, ARSHAK
200 SW 27TH AVE #208
FORT LAUDERDALE, FL 33312 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:

05/03/2005

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: DP () Delete
Name: AKOPYAN, ARSHAK
Address: 190 NE 199 ST STE 105
City-St-Zip: N MIAMI BCH, FL 33179

Title: DV () Delete
Name: BOURJOLLY, SHIRLEY
Address: 190 NE 199 ST STE 105
City-St-Zip: N MIAMI BCH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AKOPYAN, ARSHAK
Address: 200 SW 27TH AVE #208
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DV (X) Change () Addition
Name: BOURJOLLY, SHIRLEY
Address: 200 SW 27TH AVE #208
City-St-Zip: FORT LAUDERDALE, FL 33312

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: ARSHAK AKOPYAN

DP

05/03/2005

Electronic Signature of Signing Officer or Director

Date