

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133128

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: DEMA REHAB & INJURY CLINIC INC.

## Current Principal Place of Business:

2214 GRAND CAYMAN CT.  
APT 1513  
KISSIMMEE, FL 34741

## New Principal Place of Business:

1214 E VINE STREET.  
KISSIMMEE, FL 34744

## Current Mailing Address:

2214 GRAND CAYMAN CT.  
APT 1513  
KISSIMMEE, FL 34741

## New Mailing Address:

1214 E VINE STREET.  
KISSIMMEE, FL 34744

FEI Number: 20-1657466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASSINE, OUADI  
2214 GRAND CAYMAN CT.  
APT 1513  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

HASSINE, OUADI  
1214 E VINE STREET.  
KISSIMMEE, FL 34744 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:

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: HASSINE, OUADI  
Address: 2214 GRAND CAYMAN CT. APT 1513  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OUADI HASSINE

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date