



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 044 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P04000133128 1. Entity Name DEMA REHAB & INJURY CLINIC INC. | | | |  | |
| Principal Place of Business 1214 E VINE STREET. KISSIMMEE, FL 34744 | | | Mailing Address 1214 E VINE STREET. KISSIMMEE, FL 34744 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01172006 Chg-P CR2E034 (11/05) | |
| Zip | | Country | | 4. FEI Number 20-1657466 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HASSINE, OUADI 1214 E VINE STREET. KISSIMMEE, FL 34744 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P D <input type="checkbox"/> Delete HASSINE, OUADI 2214 GRAND CAYMAN CT. APT 1513 KISSIMMEE, FL 34741 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HASSINE OUADI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 E. Vine St Kissimmee FL. 34744 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <div style="text-align: right;"> 1/17/06 <small>Date</small> <small>Daytime Phone #</small> </div> | | | | | |