2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# P04000154032

Entity Name: ALL FLORIDA MEDICAL REHAB GROUP, INC.

Current Principal Place of Business:

375 E. 49TH ST., SUITE NO 2
HIALEAH, FL 33013

New Principal Place of Business:

1800 SW 8 STREET
MIAMI, FL 33135

Current Mailing Address:

375 E. 49TH ST., SUITE NO 2
HIALEAH, FL 33013

New Mailing Address:

1800 SW 8 STREET
MIAMI, FL 33135

FEI Number: 35-2242103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSUNA, WILLIAM Z JR.
375 E. 49TH ST., SUITE NO 2
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

OSUNA, WILLIAM Z JR.
1800 SW 8 STREET
MIAMI, FL 33135 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: _____ 03/16/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSUNA, WILLIAM Z JR.
Address: 375 E. 49TH ST., SUITE NO 2
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OSUNA, WILLIAM Z JR.
Address: 1800 SW 8 STREET
City-St-Zip: MIAMI, FL 33135

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: WILLIAM OSUNA Z JR PD 03/16/2005
Electronic Signature of Signing Officer or Director — Date