
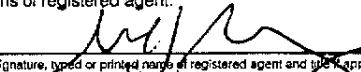


FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000158098						Secretary of State			
1. Entity Name DELRAY PERFORMANCE FITNESS AND REHABILITATION INC.									
Principal Place of Business 403 SE 1ST ST DELRAY BEACH, FL 33483				Mailing Address 403 SE 1ST ST DELRAY BEACH, FL 33483					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent RODRIGUEZ, RAUL J 20507 SAUSALITO DR BOCA RATON, FL 33498				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 reinstalling) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P RODRIGUEZ, RAUL J 20507 SAUSALITO DR BOCA RATON, FL 33498 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000370443 07/05/05-80015-014 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP BAGWAN, VALERIE 20507 SAUSALITO DR BOCA RATON, FL 33498 <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		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Daytime Phone #									