

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042182

Entity Name: VICORY REHABILITATION, INC.

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

709 MUIRFIELD CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

1509 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712

Current Mailing Address:

709 MUIRFIELD CIRCLE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 01-0831488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICORY, RICHARD J
709 MUIRFIELD CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VICORY, CLAUDIA
Address: 709 MUIRFIELD CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: VICORY, RICHARD J
Address: 709 MUIRFIELD CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: RICHARD J VICORY

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date