


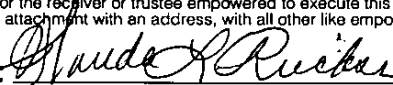


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90037 030 ***150.00

DOCUMENT # P05000060571 1. Entity Name DOVE REHABILITATION SERVICES, INC.					
Principal Place of Business 1490 WHITMAN DRIVE WEST MELBOURNE, FL 32904			Mailing Address 1490 WHITMAN DRIVE WEST MELBOURNE, FL 32904		
2. Principal Place of Business 1370 Sarno Road Suite, Apt. #, etc. Suite A		3. Mailing Address 1370 Sarno Road Suite, Apt. #, etc. Suite A			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 20-2794283	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM ROAD SUITE 5 MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Ruckser, Wanda L. Street Address (P.O. Box Number is Not Acceptable) 1370 Sarno Road Suite A City Melbourne FL Zip Code 32935	
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  Wanda L. Ruckser				DATE 1/24/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RUCKSER, WANDA 1490 WHITMAN DRIVE WEST MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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  Wanda L. Ruckser				DATE 1/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (321) 751-1844	

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