2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110162

City-St-Zip:

WEST PALM BEACH, FL 33409

Entity Name: APEX REHAB & DIAGNOSTIC, INC.

FILED Apr 30, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of	New Principal Place of Business:	
	DDE ISLAND AVE			
A1 FORT PIE	RCE, FL 34950			
Current Mailing Address:		New Mailing Address	:	
A1	DDE ISLAND AVE			
FORT PIE	RCE, FL 34950			
FEI Number	: FEI Number Applied For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address of	Name and Address of New Registered Agent:	
A1	ÉN PINES BLVD			
WEST PA	ILM BEACH, FL 33409 US			
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PINSKY, SABINA 911 NORTH KINGS ROAD, #307 LOS ANGELES, CA 90069	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete GUREVICH, OLEG 7701 BAY PKWY, APT 6A BROOKLYN, NY 11214	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC () Delete ELKHOLY, ZAKY 1105 GREEN PINES BLVD. #A1	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: OLEG GUREVICH OFF 04/30/2006