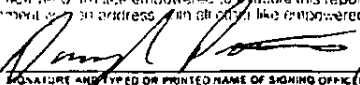


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-17-2006 90143 003 ***150.00

DOCUMENT # P05000129232																								
1. Entity Name FLORIDA HOME REHAB, INC.																								
Principal Place of Business 11907 TANYA TERRACE EAST JACKSONVILLE, FL 32223 US		Mailing Address 11907 TANYA TERRACE EAST JACKSONVILLE, FL 32223 US																						
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 PATTERSON, DARR YL 11907 TANYA TERRACE EAST JACKSONVILLE, FL 32223		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 responsibility of, this statement.																								
SIGNATURE _____ DATE _____																								
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05																						
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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 in 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 incorporator 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 of this filing or as an attachment to an address, then all of the like empowered.																								
SIGNATURE: 		President 5-25-06 904-881-2269																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE																						