2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P05000139383

Entity Name: INDIAN RIVER INJURY & REHAB CENTER, P.A.

Current Principal Place of Business:

1547 US HIGHWAY 1
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

601 NORTH CONGRESS AVENUE
SUITE 311
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 01-0847263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MASTERMAN, MICHAEL
INDIAN RIVER INJURY & REHAB CENTER
601 N. CONGRESS AVE.
SUITE 311
DELRAY BEACH, FL 33445 US

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: MICHAEL MASTERMAN 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MASTERMAN, MICHAEL DC
Address: 1547 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete
Name: GOLDSTEIN, DAVID
Address: 1547 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

Title: ST ( ) Delete
Name: GOURGUE, NATACHA
Address: 1547 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL MASTERMAN PRES 04/26/2006
Electronic Signature of Signing Officer or Director Date