


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-27-2006 90170 033 ***163.75

DOCUMENT # P05000162813 1. Entity Name BAYSHORE DRIVE REHAB., INC.					
Principal Place of Business 2740 BAYSHORE DRIVE SUITE 17 NAPLES, FL 34112			Mailing Address 2740 BAYSHORE DRIVE SUITE 17 NAPLES, FL 34112		
2. Principal Place of Business 4000 Bayshore Drive		3. Mailing Address 4000 Bayshore Drive			
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 20-3930899	
Zip 34112		Country Collier		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, JOHN 3140 LACOSTA CIRCLE 203 NAPLES, FL 34105				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 obligations of registered agent. SIGNATURE <u>John Park</u> DATE <u>4-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	P PARK, JOHN 2740 BAYSHORE DRIVE #203 NAPLES, FL 34112	P Park 5 th 4000 Bayshore Drive suite A Naples, FL 34112			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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 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: <u>John Park</u> 04-21-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4000 Bayshore Drive



04212006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

8.75 Additional Fee Required

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 obligations of registered agent.
SIGNATURE John Park DATE 4-21-06

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SIGNATURE: John Park 04-21-2006
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