


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 041 ***150.00

DOCUMENT # P10167 1. Entity Name GREAT NORTHERN REHAB, P.C.	
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Principal Place of Business 1190 SE 17TH ST OCALA, FL 34471 US	Mailing Address 1190 SE 17TH ST OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2238003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUTES, RICHARD
1190 SE 17TH ST
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SHUTES, RICHARD 1190 SE 17TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHUTES, ELIZABETH 1190 SE 17TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS, JANE M 1190 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, BRUCE 1190 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  *Richard W Shutes* 4-5-05 352.732.8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #