

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004042

Entity Name: REHABILITATIVE HEALTH, INC.

FILED
Feb 20, 2004
Secretary of State

Current Principal Place of Business:

823 DRUID HILLS RD
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

823 DRUID HILLS RD
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 65-0374747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL-ZELLNER, JOYCE J
823 DRUID HILLS RD.
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHEL-ZELLNER, JOYCE J
Address: 823 DRUID HILLS RD.
City-St-Zip: TEMPLE TERRACE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V. P () Change (X) Addition
Name: ZELLNER, JAMES A
Address: 823 DRUID HILLS RD.
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOYCE J. MICHEL-ZELLNER

PRES

02/20/2004

Electronic Signature of Signing Officer or Director

Date