

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # P92000004811

1. Entity Name
WORKERS REHABILITATION, INC.



Principal Place of Business
**6930 ALOMA AVE
WINTER PARK, FL 32792 US**

Mailing Address
**6930 ALOMA AVE
~~139~~
WINTER PARK, FL 32792 US**



05162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3153177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEINKEL, R. LAWRENCE
243 W PARK AVE., S-201
WINTER PARK, FL 32790-2007**

**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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIBACCO, RICHARD P
229 CROOKED STICK CT
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIBACCO, ANABEL V
229 CROOKED STICK CT
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000565453

05/20/06-80136-002 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard DiBacco

5-15-06

Date

407-677-8585

Daytime Phone #