

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90454 050 \*\*\*150.00

**60031775**



04242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P93000020755</b> 1. Entity Name <b>THE REHABILITATION GROUP, INC.</b>			
Principal Place of Business 1135 103 ST G1 BAY HARBOR ISLANDS, FL 33154 US		Mailing Address P O BOX 546492 SURFSIDE, FL 33154 US	
2. Principal Place of Business <b>1201 SW 141<sup>st</sup> Ave</b> Suite, Apt. #, etc. <b>409</b>		3. Mailing Address <b>1201 SW 141<sup>st</sup> Ave</b> Suite, Apt. #, etc. <b>409</b>	
City & State <b>Pembroke Pines FL</b> Zip <b>33027</b> Country		City & State <b>Pembroke Pines FL</b> Zip <b>33027</b> Country	
4. FEI Number <b>65-0395947</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GLAUSER, STUART H</b> <b>12910 S.W. 84TH ST.</b> <b>MIAMI, FL 33183</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>14446 West Dixie Hwy</b> City <b>MIAMI</b> FL Zip Code <b>33161</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GLUCK, BEVERLEE</b> <b>1135 103 ST (G1)</b> <b>BAY HARBOR ISLANDS, FL 33154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 SW 141<sup>st</sup> Ave #409</b> <b>Pembroke Pines FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.			
<b>SIGNATURE: <u>Beverlee Gluck</u> BEVERLEE GLUCK</b> <input checked="" type="checkbox"/> <b>4/26/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			