

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003877

FILED
Mar 06, 2006
Secretary of State

Entity Name: EXTEND CARE PULMONARY REHAB SERVICES, INC.

Current Principal Place of Business:

411 SOUTHEAST 82ND PLACE
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

411 SOUTHEAST 82ND PLACE
OCALA, FL 34480

New Mailing Address:

FEI Number: 59-3312918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DAVID A JR
1243 SE 22ND AVE
OCALA, FL 34471 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: PD () Delete
Name: ESCOBAR, RICHARD
Address: 411 SOUTHEAST 82ND PLACE
City-St-Zip: OCALA, FL

Title: VPD () Delete
Name: ESCOBAR, DANA M
Address: P.O. BOX 1475
City-St-Zip: BELLEVIEW, FL 34421

Title: S () Delete
Name: ESCOBAR, KATHY SUE
Address: 411 SOUTHEAST 82ND PLACE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: YOUNG, DAVID A
Address: 1243 SE 22ND AVE
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: ESCOBAR, ANDREW
Address: 411 SE 82ND PLACE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: ESCOBAR, ANDREW S
Address: 411 SOUTHEAST 82ND PLACE
City-St-Zip: OCALA, FL 34480

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICHARD T. ESCOBAR

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date