


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 017 ***150.00

DOCUMENT # P95000067864		
1. Entity Name BOCA ORTHOPEDIC & REHABILITATION CENTER, INC.		

Principal Place of Business 7015 BERACASA WAY BOCA RATON FL 33433	Mailing Address C/O BLAKESBERG CO CPAS 951 SW 4TH AVE BOCA RATON FL 33432 US
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2. Principal Place of Business		3. Mailing Address <i>7015 Beracasa Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Ste. 103</i>	
City & State		City & State <i>Boca Raton FL</i>	
Zip <i>33433</i>	Country <i>USA</i>	Zip <i>33433</i>	Country <i>USA</i>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent ROSENBERG, MICHAEL D.C. 7015 BERACASA WAY BOCA RATON FL 33433		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSENBERG, MICHAEL D.C. 7015 BERACASA WAY BOCA RATON FL 33433 <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 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: *Michael Rosenberg DC* **31 7 105 (561) 394-0944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #