

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90109 038 ***150.00

DOCUMENT # P95000072683 1. Entity Name REHAB & THERAPY CONNECTION, INC.			
Principal Place of Business 5500 1ST AVE N SAINT PETERSBURG, FL 33710		Mailing Address 5500 1ST AVE N SAINT PETERSBURG, FL 33710	
2. Principal Place of Business 5500 1st Ave North		3. Mailing Address 6251 4th Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Petersburg, FL		City & State St. Petersburg, FL	
Zip 33710		Zip 33707	
Country USA		Country USA	
4. FEI Number 59-3338446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YANCHUCK, KATHY 5500 1 ST AVE N SAINT PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Yanchuck, Kathy Street Address (P.O. Box Number is Not Acceptable) 6251 4th Avenue South ST Petersburg, FL City FL Zip Code 33707	
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: <u><i>Kathy Yanchuck</i></u> (NOTE: Registered Agent signature required when reinstating) 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANCHUCK, KATHY 5500 1ST AVENUE N. ST. PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kathy Yanchuck 6251 4th Avenue S. ST Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Kathy Yanchuck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/16/06 7274323509 <small>Date Daytime Phone #</small>	