

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089063

FILED
Apr 10, 2006
Secretary of State

Entity Name: FLORIDA HAND THERAPY AND REHABILITATION, INC.

Current Principal Place of Business:

2734 POLK STREET
SUITE 5
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2734 POLK STREET
SUITE 5
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0595847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, ROMNEY C
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

FLORIDA HAND THERAPY & REHAB., INC.
2734 POLK STREET
SUITE 5
HOLLYWOOD, FL 33020 US

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: BRENDA M. WOOD

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WOOD, BRENDA M
Address: 2734 POLK STREET, SUITE #5
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: TASSIN, GERARD
Address: 2411 REGARD ST.
City-St-Zip: MANSURA, LA 71350

Title: T () Delete
Name: WOOD, BEN
Address: 2734 POLK ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRENDA M. WOOD

PSD

04/10/2006

Electronic Signature of Signing Officer or Director

Date