

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095952

FILED
Mar 26, 2005
Secretary of State

Entity Name: ALL SOUTHERN CARE REHABILITATION, INC.

Current Principal Place of Business:

7875 NW 50TH STREET
LAUDERHILL, FL 33351 US

New Principal Place of Business:

6970 MAPPERTON DRIVE
WINDERMERE, FL 34786 US

Current Mailing Address:

7875 NW 50TH ST
LAUDERHILL, FL 33351 US

New Mailing Address:

6970 MAPPERTON DRIVE
WINDERMERE, FL 34786 US

FEI Number: 65-0628617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUSHER, MITCH
7770 W OAKLAND PK BLVD
240
SUNRISE, FL 33351 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: PSTD () Delete
Name: MYERS, PATRICIA ANN
Address: 7875 NW 50 ST
City-St-Zip: LAUDERHILL, FL 33351

Title: VP () Delete
Name: MYERS, JOE A
Address: 7875 NW 50 ST
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MYERS, PATRICIA ANN
Address: 6970 MAPPERTON DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: MYERS, JOE A
Address: 6970 MAPPERTON DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A. MYERS

PSTD

03/26/2005

Electronic Signature of Signing Officer or Director

Date