

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037837

FILED
Jul 01, 2004
Secretary of State

Entity Name: NEUROREHAB ASSOCIATES, INC.

Current Principal Place of Business:

2000 GLADES ROAD
SUITE 208
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

308 COBBLE CREEK COURT
DURHAM, NC 27712 US

New Mailing Address:

FEI Number: 65-0668236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, KRISTINE M
2000 GLADES RD
STE 208
BOCA RATON, FL 33431 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: D () Delete
Name: ERB, DEBRA K
Address: 308 COBBLE CREEK COURT
City-St-Zip: DURHAM, NC 27712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: ERB, DEBRA K
Address: 308 COBBLE CREEK COURT
City-St-Zip: DURHAM, NC 27712 US

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: DEBRA K ERB

_____ Electronic Signature of Signing Officer or Director

MS.

07/01/2004

_____ Date