# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 10, 2005**
**Secretary of State**

DOCUMENT# P97000000313

**Entity Name:** FUNCTIONAL REHABILITATION, INC.

**Current Principal Place of Business:**

3650 SW 10 STREET
SUUTE 16
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

3650 SW 10 STREET
SUITE 16
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3650 SW 10 STREET
SUUTE 16
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

3650 SW 10 STREET
SUITE 16
DEERFIELD BEACH, FL 33442

**FEI Number: 65-0719947** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD, SUITE 310
BOCA RATON, FL 33433 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: PTD ( ) Delete
Name: SMITH-FOWLER, KAREN
Address: 7750 NE 8 COURT
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: KAREN FOWLER PTD 05/10/2005

Electronic Signature of Signing Officer or Director — Date