2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# P97000007427

Entity Name: ADVANTAGE PLUS REHABILITATION, INC.

Current Principal Place of Business:

1365 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1365 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0724780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, H T JR
WAGNER & ASSOCIATES
12300 S. SHORE BLVD., #218
WELLINGTON, FL 33414

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: MITZELFELD, CHARLES DR
Address: 1365 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: MITZELFELD, NINA
Address: 1365 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Change (X) Addition
Name: MITZELFELD, WARD
Address: 1365 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Change (X) Addition
Name: MITZELFELD, SUSAN
Address: 1365 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33401

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: DR. CHARLES MITZELFELD D 08/31/2004

Electronic Signature of Signing Officer or Director — Date