2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020857

Entity Name: COMPLETE PHYSICAL REHABILITATION, INC.

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

517 TAMIAMI TRAIL SUITE B

PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

517 TAMIAMI TRAIL SUITE B

PUNTA GORDA, FL 33950 US

FEI Number: 65-0797305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VALLADARES, JEANNETTE GRASSIE, YVONNE
517 TAMIAMI TRAIL 601 BRICKELL KEY DRIVE
SUITE C SUITE 500
PUNTA GORDA, FL 33950 US MIAMI, FL 33131 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: YVONNE GRASSIE,ESQ 02/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 VALLADARES, IVETTE
 Name:
 THOMPSON, NORMA

 Address:
 517 TAMIAMI TRAIL
 SUITE B
 Address:
 517 TAMIAMI TRAIL
 SUITE B

 City-St-Zip:
 PUNTA GORDA, FL
 33950
 City-St-Zip:
 PUNTA GORDA, FL
 33950

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: NORMA THOMPSON P 02/20/2006