# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# P98000048956

**Entity Name:** FUNCTIONAL REHAB CENTER, INC.

**Current Principal Place of Business:**

203 US HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

203 US HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number: 65-0840053** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ASUMBRADO, ROY G PRESIDE
203 US HWY. 27 NORTH
LAKE PLACID, FL 33852 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: PD ( ) Delete
Name: ASUMBRADO, ROY G
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VTD ( ) Delete
Name: GOZO, DEVEY-JUNE T
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VSD (X) Delete
Name: CELESTE, GAUDENCIO F
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: V ( ) Delete
Name: VILLAMOR, NOSTER R
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

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

Title: PSD (X) Change ( ) Addition
Name: ASUMBRADO, ROY G PRESIDE
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VTD (X) Change ( ) Addition
Name: GOZO, DEVEY-JUNE T VP-TREA
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

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

Title: VD (X) Change ( ) Addition
Name: VILLAMOR, NOSTER R
Address: 203 US HIGHWAY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

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: ROY ASUMBRADO PRES 04/29/2005

Electronic Signature of Signing Officer or Director Date