2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# P98000091411

Entity Name: REHAB CONSULTANTS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

212 PALMETTO
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

4441 US 27 N.
SEBRING, FL 33870

New Mailing Address:

4040 US 27 N.
SEBRING, FL 33870

FEI Number: 65-0873868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILL, ELIZABETH B
4141 US 27TH N.
SEBRING, FL 33870

Name and Address of New Registered Agent:

GILL, ELIZABETH B
4040 US 27 N.
SEBRING, FL 33870

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: 07/12/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARMSTRONG, JIM L
Address: 2580 OSCEOLA ROAD
City-St-Zip: AVON PARK, FL 33825

Title: STD ( ) Delete
Name: GOSSMAN, GARY S
Address: 8624 COUNTY ROAD 17 S.
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: FALLON, JILL F
Address: 3764 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: GILL, ELIZABETH B
Address: 128 PALDAO ACRES
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JIM L. ARMSTRONG PD 07/12/2004
Electronic Signature of Signing Officer or Director — Date