

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094146

FILED
Jul 11, 2005
Secretary of State

Entity Name: NEURO MUSCULAR REHAB, INC.

Current Principal Place of Business:

5297 PARK STREET
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5297 PARK STREET
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 65-0563630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORRELL, JAMES
5297 PARK ST N
ST. PETERSBURG, FL 33709 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

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: D () Delete
Name: ORRELL, JAMES G
Address: 5297 PARK STREET
City-St-Zip: ST. PETERSBURG, FL 33709

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: JAMES WORRELL

PRES

07/11/2005

Electronic Signature of Signing Officer or Director

Date