

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005759

FILED
Apr 27, 2005
Secretary of State

Entity Name: BAYSHORE REHABILITATION, INC.

Current Principal Place of Business:

6088 14TH ST. W.
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

6088 14TH ST. W.
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 65-0892040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADYZHENSKY, SVETLANA
6716 THIRD STREET CT. WEST
BRADENTON, FL 34207 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: D () Delete
Name: LADYZHENSKY, LEONID
Address: 6716 THIRD STREET CT. WEST
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: LADYZHENSKY, SVETLANA
Address: 6716 THIRD STREET CT. WEST
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEONID LADYZHENSKY

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date