

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


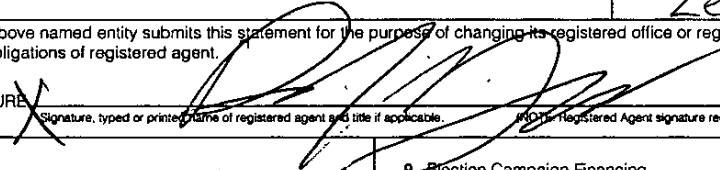
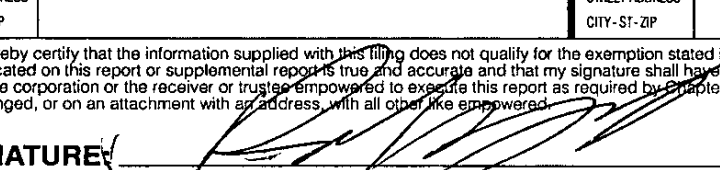
**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90104 043 \*\*\*150.00

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01132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000017489</b>					
1. Entity Name REHAB POINT, INC.					
Principal Place of Business 6330 FT. KING RD. ZEPHYRHILLS, FL 33541			Mailing Address 6330 FT. KING RD. ZEPHYRHILLS, FL 33541		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0913243	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRAGAN, ROBERT J 6330 FT. KING RD. ZEPHYRHILLS, FL 33541			Name DRAGAN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 38026 Medical Center Ave City Zephyrhills FL Zip Code 33540		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 1/13/05					
Signature, typed or printed name of registered agent and title if applicable. (If Other Registered Agent signature required when reinstating)					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div> <div>           9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAGAN, ROBERT J		NAME		
STREET ADDRESS	6330 FT. KING RD.		STREET ADDRESS	38026 Medical Center Ave	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  DATE 1/13/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					