


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90024 031 \*\*\*150.00

DOCUMENT # P99000017489		
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
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**50000115**



2. Principal Place of Business 38026 Medical Center Ave	3. Mailing Address 38026 Medical Center Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State ZEPHYRHILLS, FL	City & State ZEPHYRHILLS, FL
Zip 33540	Country
Zip 33540	Country

4. FEI Number 65-0913243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAGAN, ROBERT J 38026 MEDICAL CENTER AVE ZEPHYRHILLS, FL 33541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAGAN, ROBERT J 38026 MEDICAL CENTER AVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #