

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/

FILED
Feb 08, 2006 8:00 am
Secretary of State

01-13-2006 90044 005 ***150.00

DOCUMENT # P99000020131

1. Entity Name
REHABILITATION SPECIALTY CENTER, INC.



Principal Place of Business

**951 NW 13TH STREET SUITE 4D
BOCA RATON, FL 33486**

Mailing Address

**951 NW 13TH STREET SUITE 4D
BOCA RATON, FL 33486**

66000909



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0901811

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARRIE, BARBARA M.
951 NW 13TH STREET SUITE 4D
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	DP
NAME	BARRIE, BARBARA M
STREET ADDRESS	880 NW 13TH STREET SUITE 2A
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE *Barbara Barrie*

Feb. 6, 2006



ATTACHMENT

66000909

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

REHABILITATION SPECIALTY CENTER, INC.
951 NW 13TH STREET SUITE 4D
BOCA RATON, FL 33486

Subject: REHABILITATION SPECIALTY CENTER, INC.

Reference Number: P99000020131

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION