

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020525

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: ALLIED REHABILITATION SERVICES, INC.

## Current Principal Place of Business:

8854 NORTH PASSAGE WAY  
TEQUESTA, FL 33469

## New Principal Place of Business:

## Current Mailing Address:

8854 NORTH PASSAGE WAY  
TEQUESTA, FL 33469

## New Mailing Address:

FEI Number: 65-0922209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

M.F. ASSOCIATES, INC.  
11380 PROSPERITY FARMS RD  
112  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

M.F. ASSOCIATES, INC.  
222 U S HIGHWAY ONE  
208  
TEQUESTA, FL 33469 US

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:

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POSNER, MYRNA  
Address: 8854 NORTH PASSAGE WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete  
Name: JOHNSON, B. SCOTT  
Address: 8854 NORTH PASSAGE WAY  
City-St-Zip: TEQUESTA, FL 33469

## 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: MYRNA POSNER

P

02/04/2004

Electronic Signature of Signing Officer or Director

Date