
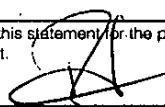
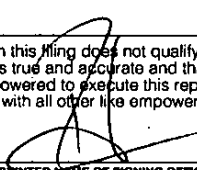


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90052 049 ***150.00

DOCUMENT # P99000069821 1. Entity Name PERSONAL REHAB, INC.					
Principal Place of Business 113 SOUTH MAIN ST LAKE PLACID, FL 33852			Mailing Address 113 SOUTH MAIN STREET LAKE PLACID, FL 33852		
2. Principal Place of Business 104 S. MAIN AVE		3. Mailing Address 104 S. MAIN AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL		4. FEI Number 65-0936848	
Zip 33852		Country WA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMIT, RENE 113 SOUTH MAIN STREET LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 104 S. MAIN AVE City LAKE PLACID FL Zip Code 33852		
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 1-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TS SMIT, MARY 113 SOUTH MAIN ST. LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY - ST - ZIP	104 S. MAIN AVE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMIT, RENE 113 SOUTH MAIN ST LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY - ST - ZIP	104 S. MAIN AVE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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 1-28-05 Daytime Phone 863-699-6229		