

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085102

Entity Name: REHAB 1 OF CHARLOTTE COUNTY, INC.

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

4166 TAMAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4166 TAMAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952

Current Mailing Address:

4166 TAMAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

4166 TAMAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952

FEI Number: 65-0948256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIZON, CHRISTINE J
4166 TAMAMI TRAIL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

HIZON, CHRISTINE J
4166 TAMAMI TRAIL
SUITE A
PORT CHARLOTTE, FL 33952 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:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STOM () Delete
Name: HIZON, CHRISTINE J
Address: 26106 RAMPART BLVD.
City-St-Zip: PUNTA GORDA, FL 33983

Title: PA () Delete
Name: HIZON, WINDEL P
Address: 26106 RAMPART BLVD.
City-St-Zip: PUNTA GORDA, FL 33983

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 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: CHRISTINE J. HIZON

STOM

03/30/2005

Electronic Signature of Signing Officer or Director

Date