

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090682

FILED
May 05, 2005
Secretary of State

Entity Name: BARNEGAT REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

2925 10TH AVENUE NORTH
SUITE 108
LAKE WORTH, FL 33461

New Principal Place of Business:

3980 RCA BLVD.
SUITE 8001
PALM BEACH GARDESN, FL 33410

Current Mailing Address:

2925 10TH AVENUE NORTH
SUITE 108
LAKE WORTH, FL 33461

New Mailing Address:

3980 RCA BLVD.
SUITE 8001
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0955075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHTMIRE, DRENNEN L JR.
450 ROYAL PALM WAY SIXTH FLOOR
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOELLINGER, DAVID M
Address: 9810 NICKELS BLVD., NO. 1008
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Delete
Name: KRASNIANSKY, ANDREA P
Address: 9810 NICKELS BLVD., NO. 1008
City-St-Zip: BOYNTON BEACH, FL 33436

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: DAVID M. VOELLINGER

D

05/05/2005

Electronic Signature of Signing Officer or Director

Date