2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

FILED DOCUMENT # P99000104541 Jan 31, 2006 08:00 AN 1. Entity Name **Secretary of State** ARISE REHABILITATION SERVICES, INC. Principal Place of Business Mailing Address 309 STERLING LAKE DR. 309 STERLING LAKE DR. OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3611036 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES, NILSA Street Address (P.O. Box Number is Not Acceptable) 309 STERLING LAKE DR. OCOEE FL 34761 Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, type for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE Change □[A::·· TITLE ☐ Delete U00000408263 NAME CHARLES, NILSA NAME 02/08/06-80047-019 150.00 STREET ADDRESS 309 STERLING LAKE DR. STREET ADDRESS CITY-ST-78 OCOEE FL 34761 CITY-ST-ZIP ☐ Change ☐ A ... TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change ☐ Add NAME MAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE ☐ Change ☐ Ail. TITLE MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Chance Chance □ Ac TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-789 ☐ Change ☐ All: TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #